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OBJECTIVES FOR PRIVATE-DUTY SECTIONS[1]

BY ADDA ELDREDGE, R.N.

TWO-THIRDS of the members of our alumnae associations are private-duty nurses which, by deduction, means that private-duty nurses are the backbone of the profession. The first nine years of my professional work were spent as a private-duty nurse, so I feel that I am entitled to speak as one.

Ordinarily speaking hospital "specialing" bears about the same relation to private-duty nursing that snow bears to water; it might be water if melted. The nurse who does hospital "specialing" has regular hours, regular sleep, as a rule, and does things much as she did while in training (the hospital assuming the responsibility), except that she sometimes complies only with such rules and regulations as she chooses. She conforms as little or as much as she desires to hospital and patient. The patient submits to hospital hours and rules. All compromises are made by the patient and the patient's family. Under these circumstances some of us are a great affliction to the hospital executives and a very bad example to the student in training.

The private-duty nurse, on the contrary, goes into the family and compromises on everything which does not affect the patient's welfare. Her hours are irregular; if she loses sleep it is up to her, tactfully, to find a way and a time to make it up. Her meals are served when convenient for the family to relieve her, and for the patient to spare her. The ideal private-duty nurse thinks of herself, her hours, her rest, as the last things to be considered which, perhaps, accounts for the criticisms of the so-called private-duty nurse who is really the "hospital special" when she occasionally goes into a home. The last-named person is the one, today, who still has the viewpoint that all officers are "tyrants." This is but a preface but perhaps it may prove a basis for discussion.

TO PRIVATE-DUTY NURSES

THE more you see Health as the slogan, the more you make Service your motto, —the more you will become real leaders, unselfish leaders, and the more will our profession advance and criticism be stilled. You can do it!

[1] Read before the Private-Duty Section of the Massachusetts State Nurses' Association, February 17, 1923.

What should be the work of the Private-Duty Section of our Associations?

First.—It should define private duty.

Second.—The Private-Duty Section should establish a code of ethics, a few broad principles which should guide its members.

Third.—It should investigate directories and recommend or condemn, as is decided from results.

Fourth.—It should establish a forum for its members where new ideas in medicine and surgery are brought to the attention of their members.

Fifth.—It should have demonstrations of procedures—both by its members and by instructors—as to improvisations and new procedures; i. e., adapting hospital methods to home use.

Sixth.—It should have lectures by specialists on laws and rules of the city, the county, and the state, for the prevention and control of disease.

Seventh.—It should, in the above-mentioned forum, prepare its members to speak and discuss the different subjects important to our national organization that the members may be prepared to take their proper places in all organizations.

Private-duty sections should develop leaders. They should develop, also, broadmindedness and faith in their members, and should make these same members feel that they are the people responsible for the average citizen's opinion of their profession.

The reputation of the profession is not, primarily, in the hands of the institutional or the public health nurse, but in the hands of her sister, the private-duty nurse. Who, when asked to think of a "nurse" and her field (unless it be a public health officer), thinks of the nurse in the hospital, or in the public health field? No one! It is always the nurse in the home whose picture comes to mind. "Thou art the woman."

You, as individuals, make the picture of us all. The more you see Health as the slogan, the more Service is your motto; the more you are real leaders, unselfish leaders, the more the profession will *advance;* the more criticisms will be stilled. You can do it! By constructive work you can dominate the profession, never by any other means.

"Happy is the man who can see in the results of his efforts more than an isolated, personal achievement; who can view the organization, of which he is a part, as a whole; who can see down to the roots of it and know that from these he draws the strength and ability to achieve."
—*Bulletin of the National Publishers' Association.*

FOOD PRINCIPLES AND A BALANCED DIET

By Nina Simmonds, B.S., M.A.

WHEN I read Miss Rose's article in the February number of *The American Journal of Nursing*, and came upon her comment on her visit to our rat colony, for I was certain that it was ours to which she referred, how I did wish that every nurse in the country could visit our laboratory and gain a little of our enthusiasm of the importance of good nutrition for proper development and the maintenance of health. We are always pleased to have visitors. I delight in showing to them the experimental animals because I realize how much it would have meant to me had I had the opportunity, during my undergraduate days, of seeing the specific effects of diets of different kinds on experimental animals as a supplement to the class-room study of dietetics. I appreciate that seeing the cages and animals and the conditions of cleanliness and care under which the experiments are carried out, leaves a picture in the mind which will never be forgotten. After a nurse has visited such a laboratory she cannot help but have a new viewpoint regarding scientific nutrition and a greater interest in reading about its progress ever afterward. She will also have a better appreciation of what it costs a research worker to add something to the sum of human knowledge. A statement made by Emil Duclaux in his book, *Pasteur, The History of a Mind*, conveys the idea which I have in mind:

"The public, to which one shows only the finished work, is ignorant of the painful hours with which the scientific man, the artist or the writer has paid in advance for the joy of his success."

It was only a few years ago that we were taught that the essential food principles were protein, carbohydrate, mineral matter, fats and water, and it was assumed that if these food factors were furnished by the diet in certain proportions, it would be a "balanced" diet, and one which would promote good nutrition. This was taken for granted since these were the substances which the chemist found when he analyzed a food. The story is a long one which tells how we came to know that a food which contained the above-named nutrients, and nothing else, would not keep an animal in a state of health. It was through experiments planned to determine what was the matter with such diets that the vitamins became known. Everyone now admits the great importance of the vitamins in the nutrition of man and animals, but we must not lose sight of the importance of other factors in the diet. All have heard of the vitamins, but few people are yet familiar with the places where we find the individual vitamins and in what relative proportions they occur in different foods.

The fat-soluble A, or vitamin A, is one of the growth essentials, and when it is lacking, or nearly so, from the diet there develops a peculiar condition of the eyes which we call xerophthalmia. This vitamin is found most abundantly in cod liver oil and the liver oils of certain other fishes, also in butter fat and the fats of egg yolks and the fats

contained in the glandular organs of animals, as the liver, kidney, thymus, etc. It is very abundant also in the leaves of such plants as spinach, turnip and beet tops, alfalfa and clover leaves, and to a lesser extent in the thick leaves such as cabbage, lettuce and Brussels sprouts. All leaves which are edible are good sources of the vitamin A. It is not found to any great extent in cereal grains or in peas, beans and other seeds. The vegetable oils, without exception, are very low or entirely free from this substance.

Water-soluble B, or vitamin B, was the first of the vitamins to be discovered. It is associated with the condition known as polyneuritis. This condition is characterized by a more or less general paralysis. It is not only the nervous system which is damaged when there is a lack of this vitamin in the food, for the muscles of the digestive tract waste away and the secretory glands become atrophic and undergo degeneration so that nutrition is seriously interfered with through inability to digest and assimilate food because of lack of vitality of the digestive apparatus.

The vitamin B is abundant in many of our common foods. The germ portion of seeds, yeast, leafy vegetables, glandular organs of animals, etc. are especially good sources of it. In fact it is found in so many foods that it is more satisfactory to list those in which it does not occur, or is found only in traces. The sugars and starches, molasses and commercial glucose, and all the fats of both animal and vegetable origin are entirely lacking in the vitamin B. Those cereal products which represent the highly refined materials offered for human consumption in such large quantities, such as polished rice, white flour, the degerminated corn meal now sold in stores, are nearly or quite lacking in this vitamin.

The anti-scorbutic vitamin, or vitamin C, is the one which protects us against scurvy. In scurvy the capillary blood vessels are broken down in many places in the tissues so that the blood is spilled out and permeates the tissues, making them hemorrhagic. Fresh foods such as lettuce, cabbage, oranges, lemons and tomatoes are excellent sources of this substance, whereas the cereal grains, such as wheat, oats, corn, as well as peas and beans and cooked meats are lacking in it. It is of special importance to note that all cooked foods, or foods which have been preserved in any way, are either devoid of the vitamin C, or else are very uncertain sources of it.

The problem of the cause of rickets has been investigated both in this country and abroad. The outcome of these studies has been the demonstration that there is another unidentified nutrient principle entirely analogous to the vitamins and to be regarded as one of them, which is of supreme importance in the prevention or cure of this disease which is now a scourge among the children of Europe and a very serious disease among American infants and children. This latest vitamin has not been called D, since this term has been applied by Funk to designate a substance which he believes to stimulate the growth of yeast. We speak of this vitamin as the anti-rachitic factor, since it is intimately associated with bone growth. It is peculiar in that there does not appear to be any definite

amount of it which the body requires, for much less of it suffices for the normal growth of the skeleton when the diet is properly constituted with respect to the amount of calcium and of phosphorus which it contains, than is the case when the calcium and phosphorus content of the diet is faulty, especially when there is a disproportion between the amounts of these two elements. In other words when the calcium content of the diet is low and the phosphorus content high, or vice versa, the bones are likely to be abnormal in their structure unless there is a liberal provision of the newly discovered vitamin. It would take us too far afield to give in detail here the evidence in support of the existence of this vitamin, for we drew our conclusions from evidence of a complicated kind and of several independent lines of experimental inquiry.

One is always confronted, after giving a talk on nutrition, with questions of many kinds as to how we are to apply in daily life the newly discovered principles in nutrition. An audience is always impressed with the fact that there is something very important about the selection of food, and is convinced that the keynote to successful nutrition lies in the regular consumption of right combinations of foods so that the diet will furnish every day just the things which the body demands for proper functioning, and in the right amounts. They are even more impressed with the fact that this question of a proper diet is the most fundamental one concerned with development of good skeletons, good teeth and sound bodies, if they can visit our experimental rat colony, as have many nurses and others, and see for themselves the remarkable effects of feeding animals diets which are faulty in some one or more respects. There is nothing any more striking in all the range of science.

Illustration, by permission, from "The Newer Knowledge of Nutrition."

"Illustrates a baby from the practice of Dr. C. E. Bloch of Copenhagen which had suffered from an attack of ophthalmia of dietary origin and was cured by the administration of fat-soluble A as butter and cod liver oil. The disease had, however, progressed so far that the sight of the left eye was destroyed. The right eye was somewhat damaged."

Many people have attempted to learn more about this important subject than they already knew. They find, however, that when they can get far enough to realize what we mean by our statements as to what a diet must contain, and in what ways the different foods which we buy in the markets and stores are lacking, they find it very difficult to actually put these principles into practice. The most important thing we can accomplish is to enable those who come into contact with the women in the home who are feeding their families, to put these principles into daily practice

with the least possible effort, and with certainty. It was in answer to the many questions which were asked of us that Dr. McCollum and I thought out a plan which is simple, which is easily followed and which will provide all that is required by the science of nutrition as it has been developed in recent years. It serves as a guide to the proper feeding of the family. We wanted it to be a labor saver as well as a scientific guide. There are three simple rules which if made the basis of the diet, will insure a satisfactory one.

1. Take a quart of milk a day,—every one in the family,—by the use of milk as a beverage, or by serving cocoa, custards, puddings, creamed sauces, soups, or gravies. Use milk in any way but be sure to use a sufficient amount.

2. Take two salads a day. These can be simple, as a cole slaw, lettuce and tomato, a simple fruit salad, or more elaborate. The important thing is to include in them some fresh raw fruits and vegetables. We need these for the vitamin C, of which, otherwise, we are likely not to get enough.

3. Take a liberal helping of some kind of greens or pot herbs every day. These include spinach, Brussels sprouts, kale, collards, turnip greens, beet greens, dandelion greens, or anything else which could be classed as a pot herb. It is true that in many families all of these conditions cannot be met every day, especially in winter, but with these simple rules in mind the housewife can shift her budget so that the family will be well taken care of.

In order to illustrate how a family may be made to feel "full," the following menu is suggested for dinner: Clear soup, baked ham, candied sweet potatoes, succotash, asparagus on toast, bread and butter, apple pie and coffee. We will all admit that we have been served many a dinner like this one. See how many of the simple rules just laid down are taken into account in the planning of this dinner. Not one. There is very little milk used. No salad. Asparagus may be classed as having some of the properties of a leafy vegetable, but in the above menu it is cooked and has lost its vitamin C, and nothing else in the dinner will supply it. There are no green vegetables served, yet with all the shortcomings of this menu, and all the violations of the rules of scientific nutrition, it meets the requirements of our appetites. It will not, however, prevent our physical deterioration at a faster rate than is necessary, and it will not provide adequately for the members of the family who are still in the growing stage.

Dr. McCollum and I were so impressed with the fact that many people were eating food which did not serve the purpose it should serve, and also with the fact that it is a great trial for a woman who is not very familiar with the details of quality in foods, to plan balanced menus that we have written a book called *The American Home Diet*, in which we have described or discussed nutrition in simple language. We have presented over three hundred model menus which are so planned as to provide good nutrition for every member of the family and at the same time relieve the housewife of the difficult task of planning each day's meals so as to avoid sameness. With these we have, in a number of cases, contrasted faulty with good menus, pointing out the secret of making wise selections of foods for

the family table. We felt that busy housewives, nurses, teachers, and extension workers would welcome such an aid to one of the most important parts of their daily work.

We appreciate that feeding the sick, in cases of severe illness, presents problems which are difficult, and which must often be met by the physician or nurse or a trained dietitian who will of necessity take into consideration not only the nutritive needs of the patient, but also her idiosyncrasies in appetite and esthetic demands. In the many cases where, however, the patient is allowed food and is not restricted as to kind, as is the case in diabetes and a few other conditions, these simple rules can be followed in many instances. One must be well nourished if one is to build blood, bone or other new tissues as many a patient is attempting to do. In many cases there is nothing which can be done which will go further toward assisting the patient toward recovery than the proper selection of the food which is served. We believe that if a thorough knowledge of the fundamentals of nutrition can be given to the nurses they will take a greater interest in the part which this science plays in their professional work.

SUGGESTIONS FOR THE CARE OF THE BREASTS DURING PREGNANCY

By Hazel Corbin, R.N.

NO nurse who has done obstetrical nursing has escaped the problems involved in difficult breast feeding because of fissured nipples. The surest way to overcome these problems is to prevent the development of fissures. This can best be done before the baby comes. Obstetricians approve of several methods of doing this, but the real difficulty is to persuade the patient to follow any method consistently during the last weeks of pregnancy. In this the nurse finds her opportunity and responsibility. The pregnant mother, like each of us, must first understand the reason for investing her time and effort in what, to her, is a "new-fangled practice." This understanding must be reinforced by the continuous, sympathetic interest of the nurse or some member of the patient's family. To this end it is well to explain to the expectant mother and father (and to other relatives whose opinions may have influence) just why any care is necessary during pregnancy, in some such way as this:

"There is an imperceptible secretion which, drying, forms a crust on the surface of the nipple. Under this crust the skin becomes tender. When the crust is removed with the baby's first nursing, this tender area is very likely to crack. If, however, the nipples are thoroughly cleansed daily with soap and sterile water, followed by an application of liquid albolene, the secretion can not collect, there will be no tender area and the nipples will by this care be prepared for the baby's nursing."

In teaching the mother the technic for this care (which is one of the methods approved by obstetricians, but

not the only one) several points must be emphasized:

1. That the utensils used must be thoroughly clean and kept for this purpose. This may be simplified by keeping on a tray,—

A. Saucer for soap, covered with

B. Cup or glass (to be used for the sterile water)

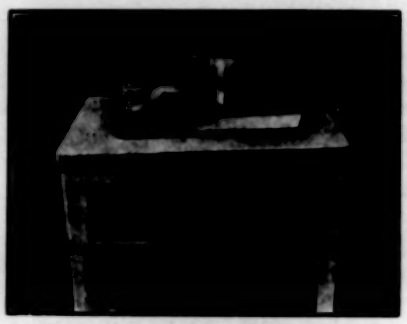
C. Jar of cotton pledgets, or a soft brush which has been boiled. (The nipples are to be scrubbed with the soap and sterile water, and dried.)

D. Bottle of liquid Albolene.

2. That it is necessary for the mother to wash her hands immediately before caring for her nipples.

3. That the breasts must not be pinched or handled during the process.

These points may be emphasized while the nurse actually cares for one nipple, then watches the mother care for the other.



Tray for Breast Care

Courtesy Maternity Center, New York City.

If the nipples are found to be flat or inverted, the erectile tissue will respond to the first cleansing. Then the albolene should be applied with the tips of the fingers making slight traction. In our experience a careful, regular

Courtesy of Maternity Center Association, New York City.

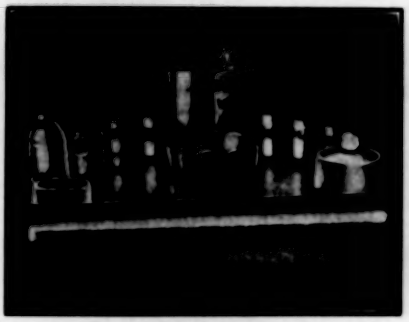
Suggested exhibit for use in hospitals, nursery or out-patient department to demonstrate baby clothes, tray, basket, and other equipment for the use of mothers.

repetition of this treatment has made it possible for a mother to nurse her sixth baby after she had had five bottle-fed babies because she accepted the idea that "a baby cannot nurse inverted nipples." We have yet to find the inverted nipple which will not respond to this treatment.

Sometimes we find patients who complain of painful, tender nipples, or a heavy "dragging" feeling in their breasts. This can often be relieved by a brassiere or breast binder so applied as to support the breasts from below. There should be no uneven pressure but, as too much freedom of motion allows friction and may cause irritation, the binder should be snug. To accomplish the relief of this discomfort is well worth much effort.

BABY'S TOILET TRAY

By Louise Zabriskie, R.N.



Baby's Toilet Tray
Courtesy Maternity Center, New York City.

THIS tray has come to take the place of the various devices for keeping the baby's toilet articles together, such as the baby basket, a special shelf in a cupboard, or pockets in a screen. Mothers and nurses have long recognized the advantages of having the baby's toilet articles collected and always ready for use. The tray supersedes the other devices because it is easy to clean, portable, and may be

1. A glass, silver, papier mache or white enamel tray
2. A tin pie plate or baking dish
3. A discarded platter or box cover.

It may be fitted with

1. Glass jars purchased for the purpose,
2. Mayonnaise, jelly, candy, or cheese jars collected from the kitchen cupboard.
3. Handleless cups with butter patty or paper covers.

Whatever the tray, it should have

1. Container for the day's supply of sterile water for washing the mother's nipples before and after nursing
2. Container for day's supply of large cotton swabs for washing the mother's nipples
3. Container for day's supply of small swabs for cleansing baby's ears and nose
4. Container for day's supply of liquid albolene for cleansing buttocks when diapers are changed (shallow container like soap dish most practical).
5. Hair receiver for day's supply of cotton to apply oil to cleanse buttocks
6. Cornucopia made of newspaper, fastened to edge of the tray for waste cotton and swabs

7. Bottle for day's supply of sterile water for "baby's drinks"

8. Nursing bottle for giving baby water

9. Container for sterile nipples,—the nipples to be boiled after using and kept in a dry jar

10. Cake of soap for use as a pin cushion. This is easier to keep clean than a pin cushion, it prevents pin pricks which are bound to occur if pin trays are used, and makes pins easier to use because the points are lubricated

11. Soap dish and cake of mild white soap for bath.

If the eyes are to be washed, a jar of 2 per cent. Boric solution may be added.

In the tray illustrated, mayonnaise jars are used for the containers and two kinds of nursing bottles and nipples are shown. Containers should always be small, so as to avoid the temptation to use them for more than one day's supply which tends toward less frequent cleaning.

Nurses doing obstetrical work are invited to write to the Maternity Center Association, 432 Third Avenue, New York, for a price list of inexpensive but valuable Routines, Educational Pamphlets for mothers, and carefully worked out Record Forms.

THE MIDWIFE

Her Work and the Need for Her Inspection and Instruction

By E. Blanche Seyfert, R.N.

FROM the point of view of the average trained nurse the midwife is a relic of pre-R.N. days and we hardly think of her, let alone consider her, other than to pass severe judgment upon conditions that will recognize her for even a moment as being a necessary factor in the welfare of mothers and babies of the present day.

While a nurse in training, the midwife and her work were never technically defined to me, and while she is responsible in many localities for at least one-third of the births, and also responsible for the condition of the mother at this time, to have associated her in any way whatsoever with the study of obstetrics, would have been a far-fetched thought.

But why make this statement? The midwife is neither a doctor nor a trained nurse; she never will be, and I am safe in saying never hopes to be, but we must accept her being what and where she is to-day, and that means, with her small store of knowledge, oft-times the only available help for the existing emergency.

May I recite one instance? At the present time Pennsylvania is making a bold stroke at conditions as they exist in certain mining counties of the State. A survey revealed the fact that there were sixty legally licensed midwives practising in the county, and from thirty-eight to forty women practising without legal permit, possibly in some cases through ignorance of the law, but generally taking it for granted that as they had not as yet been arrested, the game was safe.

This type of woman, of course, is not one that advances with the times and the information volunteered that, "it was a dirty job and I always have to wash my hands afterwards, anyway, so don't bother before," quite explains their

attitude in everything pertaining to advancement.

Anticipating the harm done by the ignorant, unlicensed woman, eliminating her as an illegal practitioner and law breaker, licensing and supervising the qualified woman,—offer the most apparent means of adequately controlling the midwife situation of the State. This requires time and patience on our part but it can be done.

The licensed midwife must be supervised and taught constantly. Babies are born by the thousands in certain localities that the doctors know nothing about, and the midwife is the only attendant. Given some knowledge of the abnormal, as well as the normal, she should know when to call for assistance from the doctor and should therefore be sufficient for an uncomplicated vertex case, or the normal.

Subject to call at all hours and to all kinds of conditions and homes she takes her bag and responds to the call, knowing that there will often be very little, if any, payment for service, other than the satisfaction of helping a needy mother. Under supervision she is being taught that the bag must contain scrub-up necessities, cord tie, scissors, and powder, solution for the eyes, fluid extract of ergot, an enema bag, sterile cotton, and gauze. Remember, she is not going into a sterile obstetrical operating room but, more likely, to a place where the mother is lying in the only bed in the house. Possibly there are no sheets and if there are one or two, surely no supply of clean ones, and with a feather bed for covering. Here with conditions as they exist, she will bring into this world, sometimes after from two to ten hours of work, a young Joseph or Josephine, and sometimes both. As supervisor I visit the home within the first forty-eight hours and marvel at what the midwife has done with the little available.

On a form report card, the midwife reports the birth of every baby to the inspector of the County, besides reporting the birth to the County registrar. This report is received in the office within forty-eight hours of the birth and when I go into the home the next morning, I often find the mother made comfortable and clean, the little one well oiled, cord surgically dressed, and baby wrapped round and round with yards of eight to ten-inch "binding cloth."

Either the method of application or possibly the feeling of restraint certainly does have a wonderful effect upon keeping the baby quiet and I am wondering, while writing this, if this point will not be appreciated by some nurse who has her midnight trials and tribulations along this line.

After tidying the room the midwife washes the soiled clothing of the mother and baby, and if no one else is there to prepare food for the other four, six, or eight children, as the case may be, she again considers it her duty to keep the mother in bed by doing the extra work there is to be done.

The average number of days for visiting the mother after labor is nine. We speak of that as the day of dismissal. The average pay for this time is from $10 to $15.

In the County to which I refer, over five hundred homes have been visited from October first to February first. These homes are all revisited after ten days or two weeks.

All cases are referred to a Baby

Health Center in the County and, if it is found necessary, to a doctor, or to a Visiting Nurses' Association.

Meetings for the instruction of the midwives and, at first, for the purpose of organization, are held monthly, at a stated place, at which time through an interpreter, all present are given the opportunity to ask questions relative to the work. Many of them are sincere, and I am asking the graduate nurse, through this article, that wherever she comes in touch with the licensed midwife and her work she will just "Stop, Look and Listen," for the midwife has her place in Baby Welfare, a place that you or I, as registered nurses, cannot fill any more than the midwife can fill our place in this great work of health for the public.

THE REPORT OF THE ROCKEFELLER FOUNDATION ON NURSING EDUCATION: A REVIEW AND CRITIQUE

By Richard Olding Beard, M.D.
University of Minnesota

(*Continued from page* 466)

The Public Health Nurse

With clear, far-seeing view of the urgency of the educational public health campaign, the Report of the Survey says:

> We have sought during the past twenty years for a missionary to carry the message of health into each individual home; and in America we have found this messenger of health in the public health nurse.

It is well, not only for America, but for all the world. The public health nurse of today is a citizen of the world. It is a thing bigly begun, but a thing which is still largely in the making. And most important of all is the making of the instrument by which the work is to be accomplished. Mark me, I do not say, primarily, the making of the public health nurse, for before she may undertake her highly specialized function in any form of public health activity, she must be fundamentally a well-made graduate nurse. Herein we find the key to the Committee's conclusion that a Survey of the entirety of nursing education was necessary to the study of the educational development of public health nurses for the varying and broadening fields of the social service of health.

In its earliest deliberations, the Committee was agreed "that the usual three years' hospital training was not, in and by itself, satisfactory preparation for the public health nurse." It follows that her educational needs must be determined by the recognition of her proper field of service. Ably discussing her function at some length, the Report concludes that the service of the public health nurse in general must combine with her main duty of instruction of the people in general health principles and practice, the occasional bedside care of the sick with whom her work brings her in touch. To these ends, it urges "that an improvement in quality, as well as an increase in the number of public

health nurses, is fundamental to the complete success of the public health movement;" and, "that as soon as practicable all agencies, public or private, employing public health nurses, should require as prerequisite for employment the basic hospital training, followed by a postgraduate course, including both class work and field work, in public health nursing."

I am inclined to think that we shall very soon have to go farther than this. With the increasing breadth and specialization of every field of public health nursing it will be necessary to provide distinctive courses for the higher education of each major group. The fundamentals of public health nursing will be uniform, but the educational superstructure will be varied.

A very satisfactory result of the Survey shows in the observation that nearly one-half of the public health nurses whose services were canvassed were considered definitely successful in their work, and less than one-fourth as definitely unsuccessful. It finds, nevertheless, that

> either from a lack of knowledge of preventive measures or of teaching methods, from failure to effect contact with physicians or with social agencies, a substantial proportion of public health nurses fail to realize the possibilities of their profession. Administrative policies, overloading and inadequate supervision, are sometimes at the root of the trouble, yet it is obvious that such a calling as public health nursing demands in the first place a high degree of natural capacity and in the second place a sound and a broad education.

Hospital Supervision and Nursing Education

The Survey very properly suggests

> It is by no means in the field of Public Health Nursing alone that the need of women of high natural qualifications and fundamental training is manifest. The modern hospital and the modern dispensary represent social forces of enormous and growing magnitude, there is perhaps no more urgent problem for the hospital administrator than that of obtaining nursing superintendents and supervisors adequate for the performance of their difficult tasks.
>
> The defective preparation and qualifications of many instructors in schools of nursing, in both theoretical and practical branches, is very marked. In the training school the instructor is often called upon to teach six to eight different subjects, far more than would be demanded even of the teacher in a country high school. It should be noted, however, that the appointment of any full-time instructors is a very recent development and marks a signal educational advance.

It is surely time that this ridiculous vaudeville of nursing education should be abandoned and that the sciences fundamental to nursing should be taught by experts of scientific training and background.

"With the development of nursing education we visualize in the future," says the Report, "and particularly with the growth of the University Schools, the field of well-qualified teachers of nursing should prove an increasingly attractive one. We believe we may safely advance as Conclusion 2,"

THAT THE CAREER OPEN TO YOUNG WOMEN OF HIGH CAPACITY IN PUBLIC HEALTH NURSING OR IN HOSPITAL SUPERVISION AND NURSING EDUCATION, IS ONE OF THE MOST ATTRACTIVE NOW OPEN, IN ITS PROMISE OF PROFESSIONAL SUCCESS AND OF REWARDING PUBLIC SERVICE; AND THAT EVERY EFFORT SHOULD BE MADE TO ATTRACT SUCH WOMEN INTO THIS FIELD.

Graduate Study

The Report pointedly suggests that for the nurse who desires to specialize

along any advanced line of service, the intensive course of basic education proposed must be followed by a further period of graduate study. It calls attention to the notable pioneer work of Columbia University in this field and to the attractive courses which the newer University Schools are now offering. The nature and content of these courses are discussed very briefly. It should go without saying, although the Report finds it necessary to reiterate the fact, that the University School of Nursing is the proper sponsor of this graduate study. It insists again, in its Conclusion 7, that

SUPERINTENDENTS, SUPERVISORS, INSTRUCTORS, AND PUBLIC HEALTH NURSES SHOULD IN ALL CASES RECEIVE ADDITIONAL TRAINING BEYOND THE BASIC NURSING COURSE.

Endowment or Support

Not by any means the least, perhaps the very greatest of the constructive values of this Report, is to be found in its concluding paragraphs. Nursing education cannot become all that the future of the nursing profession promises, all that the public service demands, without adequate financial support. It has been too long sustained by grace of the hospital the pupil nurse serves. The hospital has profited by the arrangement. In too many instances the schools have starved under it.

I cannot do better nor contribute more to your understanding of this phase of the Report than by quoting its concluding paragraphs:

It is clear, however, that the attainment of these ends requires financial support and requires it at all points along the line. The training of nursing aides will cost money; the training of nurses will cost more money; the University School will require endowment on a reasonably generous scale. The hospital, in its operation of the training school has for generations been trying to make bricks without straw, in the upbuilding of an educational system on an apprentice basis and without independent educational resources. It has made every possible effort,—except the effort to secure educational endowment. It is time that the hospital should be relieved from the dilemma of exploiting student nurses on the one hand, or of diverting funds given for the care of the sick on the other, by the provision of endowment specifically devoted to the purposes of education.

We are well aware that many of those who have taken counsel with us in regard to this matter have cherished the hope that the Committee would find some magic pathway out of the maze of nursing education; but such hopes are vain. There is *no short-cut* to the end which we all have in view. The establishment of a sound educational policy is the one essential to attracting students in quantity and of quality; and a sound educational policy requires specific financial support. If the community needs and desires the service of competent nurses for the care of the sick and the prosecution of the campaign of public health, it must pay for their education, as it pays for every other conceivable kind of education,—either through taxes or through voluntary contributions, or through the generosity of its great philanthropic foundations. No broadly conceived and systematic effort to obtain such financial support for nursing education has ever been made. When it is made we are convinced that it will not fail. In institutions where nursing education has been partially endowed, as in the first school of nursing at St. Thomas Hospital, London, and the Department of Nursing and Health at the Teachers College, New York, substantial achievements in the better education of nurses have been rendered possible.

It is obvious that the plans recommended for the improvement of the education of nurses cannot be adequately put into effect in any hospital training school without additional funds for this purpose. The strategic position which the University Schools of Nursing will occupy, in regard to the whole

movement, indicates their development as of special importance. An adequate endowment for a group of such University Schools would establish centers of influence which could safely be trusted to exert a profound influence upon nursing education. We, therefore, urge as the final conclusion of our study of this problem, Conclusion 10:

THAT THE DEVELOPMENT OF NURSING SERVICE ADEQUATE FOR THE CARE OF THE SICK AND FOR THE CONDUCT OF THE MODERN PUBLIC HEALTH CAMPAIGN DEMANDS AS AN ABSOLUTE PREQUISITE THE SECURING OF FUNDS FOR THE ENDOWMENT OF NURSING EDUCATION OF ALL TYPES; AND THAT IT IS OF PRIMARY IMPORTANCE, IN THIS CONNECTION, TO PROVIDE REASONABLY GENEROUS ENDOWMENT FOR UNIVERSITY SCHOOLS OF NURSING.

Afterward

We, of the profession of nursing and of nursing education, owe a large debt of gratitude to the Rockefeller Foundation for the initiation, direction and support of this greatly instructive and altogether heartening Survey. We owe a still larger debt of gratitude to the men and women of the Committee who have given of their light and their leading and their fruitful experience to the plan and conclusions of the Survey. We owe such a debt too, to Miss Goldmark and to the several other women associated with her who have conducted the field work of the Survey.

It should give you a profound sense of satisfaction that your calling has been found worthy of such an epoch-making effort. Its inspiration should add grace and dignity and devotion to all that you are doing. Its appreciation of your service to society and of your effort toward higher education is comforting, as appreciation always is. Not the least of its achievements in your behalf is that it lifts you as a profession high above the suggestion of a cheap commercialism.

Of course it does not follow that all of its recommendations will be realized or will prove practical. For my own part, I find nothing in it that I would not frankly accept and earnestly strive after, saving and excepting alone its carefully guarded proposals for the "sub-nurse." And these proposals do not trouble me. I have too much faith in the prohibitive power of the unfitness of things. If it be true that "What is good, as God lives, is permanent,"—then it follows that what is unfit is temporary. If in the face of all the obstacles of cost, of necessary licensure, of social regulation,—if finally, by means of some educational obstetrics, we should give birth to these "sub-nurses,"—they will die, as all prematures are apt to die, of inanition; like all abortive social growths they will be quickly reabsorbed into the social mass. Let us not worry very much about them. If we make the graduate nurse, and the public health nurse, and the nursing educator, and the institutional nurse, educationally what they ought to be,—society will find neither need nor room for any other and lesser type.

Of course, I believe, as I have repeatedly said,—and I do not mean to miss any opportunity to bring it home to you and to the communities in which you work,—that social mechanisms must be found by which efficient nursing service of uniform professional value may be brought within the reach of all economically-conditioned classes of society. Perhaps one of the chief reasons why the proposal of the "sub-nurse"

is unfit is that it constitutes a violation of the principle of social justice. When it comes to the matter of health and its related happiness, equal opportunity of service should be available to each and all. The whole question is one, not of a shortage of nurses, not of an exorbitant charge, not of over-education or under-education, not of inseparable grades of physical disability to be nursed, but of effective social organization. Society, wanting and rightly expecting health service, must not leave the burden of rendering it upon the service professions alone.

You may wisely read and patiently study the Report of this remarkable Survey and inspired by its promise you will go on with greater faith and courage in your appointed ways. You will be glad and grateful that it is given to women to enter into broader avenues of usefulness, into larger opportunities of achievement than their sisters before them. You will go on "from strength to strength," accepting the offered good, rejecting the proffered ill, perfecting yourselves by every means within your power,—*serving always*. And there are so many sorts of service for you nowadays. It is preventive, redemptive, educative, always constructive service that you have to render. You are protectors, saviors, healers, teachers, comforters, but always are you servers. Your problems are many; grave, difficult ones. You need help, coöperation among yourselves; social help by grace of other social organizations than your own; financial help which I hope may come in the fulness of time and perhaps, through the great educational Foundations of the country. Still it is well for us to remember that the truest progress comes not from without, but from within. It is determined less by what we do than by what we are. Fitness is the prerequisite of service. They "stand amid the eternal ways" who fitly serve.

COLLEGE NURSING

By Effie M. Krusey, R.N.

A FEW years ago the field of the trained nurse was limited to that of caring for the seriously ill, but each succeeding year our profession pushes back the boundaries of our territories and increases the scope and variety of our work and we are now gradually approaching the goal of preventive medicine. One of our comparatively recent undertakings is that of work in the colleges. The College Health Service comprises one of the most interesting branches of nursing, affording quite a diversity of experiences,—health work, contagion, medicine, minor surgery and hydrotherapy.

The hospital department of the Health Service is adequate for the care of the ill students. All bed cases are instructed as to the advisability of being admitted to the infirmary, where medical attention, and nursing, are provided at a minimum fee, the object being to safeguard other members of the fraternity or boarding house from the spread of disease. The prompt response to treatment and return of the handicapped student to classes in better physical

condition is, in most cases, sufficient argument for the adoption of our advice.

A dispensary is conducted in which all minor medical and surgical cases are treated, drugs dispensed at cost, and X-ray work done. Thus the nurse comes in contact with a large percentage of the student body, many of whom are not well grounded in the fundamental principles of a hygienic regimen. When we consider that the college men of today are the leading citizens of tomorrow, we can well direct our best efforts toward the making of healthier and happier citizens, and consider the time consumed in giving advice concerning personal hygiene well spent. The numerous cases of respiratory disease furnish opportunities for timely suggestions in regard to tonsillectomy, care of the teeth, deviated septum and catarrhal conditions of the head.

The sprained ankles so common among both girls and boys engaged in athletics furnish occasion for advice concerning proper shoes; also corrective exercises for the amazingly prevalent weak arches. In considering colds and coughs, the nurse suggests proper clothing; and in stomach disorders, the value of a well balanced diet. In fact all the illnesses present a vast field for work of preventive medicine because one may always advocate hygienic living.

When a Freshman comes in saying, "Well, it's all foolishness, but I guess I'll have to be vaccinated" (a certificate being essential to registration), the nurse can tactfully offer a few words in explanation of the proven value of vaccination as a preventive of smallpox and may also include a reference to several of the most common serums in her discourse. The patient is convinced that it is an efficacious process and leaves in a much less abused frame of mind.

The treatment of lacerations and minor injuries teaches the value of antiseptics and aseptic dressings in the prevention of infections and the value of early treatment if an infection should occur.

The importance of isolating, as far as possible, bronchitis, influenza, and similar conditions is proven by the spread of these diseases in the fraternity house when a patient declines to be removed to the infirmary. The students are encouraged to report to the dispensary with initial symptoms of illness, thus frequently aborting the disease and making possible the early diagnosis and isolation of contagion.

A course in Home Nursing and the Essentials of First Aid is offered to the girls. This includes instruction in pathology, diagnosis, treatment and complications of the most common diseases, together with many simple nursing procedures. The mode of transmission of communicable diseases is explained, thus making disinfection something more than a tiresome routine. The course aims to qualify the college girl to intelligently carry out the doctor's orders in all minor illnesses. The girls find this work interesting and seek information beyond that included in the lectures.

Life in the college affords an opportunity for the nurse to continue her education in the subjects which interest her most. It is sometimes possible to arrange working hours so that during "time off" she may attend scheduled classes in one or more of the many courses offered. She naturally forms

many friendships with the students. When all is going well she merely fills the role of friend and companion, but when difficult situations arise they appeal to her broader experience for sympathy and advice. To my mind this confidence is the most potent factor in her influence with the students and does much to correct the false light in which some of the laity regard our profession.

CENTRALIZATION OF SCHOOLS OF NURSING[1]

By Margaret S. Smylie, R.N.

CENTRALIZATION of schools of nursing may seem a new idea, but the centralization of medical schools and elementary schools has been an accomplished fact for years.

Many people remember that, some years ago, the little red schoolhouse flourished and tried with questionable success, through "one lone teacher," to teach students the required subjects which would enable them to compete with students turned out from larger schools, with more varied teachers. That this was not a success is shown by the disappearance of the old one-room school, the consolidated school taking its place, the children being transported to and from school at the expense of the town or the county.

Schools of nursing are beginning this consolidation which the elementary schools have so successfully completed. This transformation cannot be accomplished in a day; it will have to come gradually. The small hospital is to gain most, just as the small one-room school gained most. Finances in a small hospital are generally restricted and the teaching is often done by a directress of nurses, tired with the necessary supervision of students and patients and, in many cases, but poorly equipped to teach, for even if time were available no directress of nurses is able to teach all subjects equally well. Why should she? It is not required of teachers in schools and colleges since the subjects are more or less specialized.

How much more inspiring would a central school of nursing be, where the student from the small training school would come in contact with students from larger schools and be so much more contented and happy in the knowledge that she was not "losing out" by being in a small but much needed hospital.

The doctors and specialists would lecture to the combined schools once a week, instead of rushing to cover the class work in two, or perhaps three or four, schools.

Do you not think the students would gain by this change? Also the doctor? He would have more time to prepare his work and would get more inspiration from a roomful of intelligent students than from repeating the same subject several times a week to small groups.

Successful consolidation or centralization can only be accomplished through the desire and interest of the hospitals in the town or city concerned. No denite rule can be laid down, as the resources in communities differ, but the high school seems the ideal place, as the

[1] Paper read at the annual meeting of the Iowa State Association of Graduate Nurses, Sioux City, October 18, 1922.

Dietetics and Chemical laboratories already exist there.[2]

A nurse, teacher or instructress should be employed to teach practical nursing and professional studies; a doctor of medicine to lecture on required subjects; supplemented by lectures by specialists in Public Health, etc.

Equipment already existing in the training schools could be used as far as possible and, if advisable, kept in the high school. The State of Iowa has extended Vocational Education to the schools of nursing and will arrange for the required teaching in the high schools or by the high school faculty with the addition of a doctor or nurse for professional studies, if training schools apply for it. The Board of Vocational Education has state and federal funds appropriated to aid vocational education which can be used to help local schools take care of the cost of instruction of student nurses.

The recognition of the training schools for nurses by the Iowa Board of Vocational Education is a wonderful step toward centralization and standardization of schools of nursing which might be copied by some other states.

A League of Nursing Education should be formed locally (if not already existing) to confer with the instructors and teachers in regard to the educational problems, also training school difficulties such as transportation, enlargement of training schools to cover the increase in time spent in class work, extra time required in going to and from classes, etc. It seems almost necessary that some appropriation should be made to registered training schools to meet extra expenses incurred by the increased number of students required to meet the demand for trained nurses which is greater each year, but this will no doubt be solved in the near future, just as the education problem has been.

Centralization of training schools would standardize hospital equipment and supplies, so that hospitals could be more efficiently and economically run in the future. A large organized effort to secure a standard school of nursing will bring recognition from the state and the public sooner than many small individual efforts, as in union there is strength.

[2] The high school is recommended for those communities where a connection with a college or university is impossible.

OCCUPATIONS AND HANDICRAFTS FOR INVALID CHILDREN

By Catherine Nichol

GIVE invalid children something interesting to do, something artistic to make, or something worth while to construct, and they will improve physically and mentally. All children are eager to make things; they seem to have an instinctive desire to construct. If nurses will encourage children to cut out pictures, to draw, to make cardboard houses, to weave raffia, to string beads, to mould clay, to make toys, etc., they will do much to relieve the monotony of the sick room. As far as possible they should encourage children to follow the

lines in which they are most interested, to create and make original things. They will be surprised at the fun the children will have in creating something original out of simple materials. Not only will this amuse children for the time being, but in some instances it will assist in restoring them to normal condition. The mere working of the hands and arms will require certain physical movements which will improve inactive muscles.

Since most nurses do not have time to look up books which will aid them in finding something for invalid children to make, the following list of books may offer helpful suggestions:

Archer, Effie A.—Needlecraft. Doubleday, $1.75.

"Includes different kinds of embroidery, easy lace stitches, stenciling, leather work, drawn work, crocheting, knitting and bead work."

Bailey, C. S.—Girl's make-at-home things. Stokes, $1.75.

"Tells among other things how to make dolls, doll's houses, doll's furniture, necklaces, toys, Christmas and Easter gifts and valentines. Illustrated from photographs."

Beard, Lina & A. B.—Little folks' handy book. Scribner, $1.12.

"How to make simple toys and playthings out of paper, spools, old envelopes, clothespins, kindling wood and twigs."

Beard, Patten—Jolly book of boxcraft. Stokes, $2.00.

"Directions for making houses, bridges, windmills, circus tents, wigwams, dolls' furniture, and other toys out of cardboard boxes. Pictures and diagrams."

Boyd, Ida E.—When mother lets us cut out pictures. Moffat, $1.25.

"Shows children how to cut out dolls, houses, chairs, tables, trees, and many other things out of paper. Many pictures."

Buxton, G. & Curran, F.—Paper and cardboard construction. Manual Arts Press, $1.15.

Foster, Olive Hyde—Sewing for little girls.

"Tells how to prepare a sewing outfit and how to make doll clothes."

Fryer, Jane Eayre—Mary Frances sewing book. Winston, $1.50.

Fryer, Jane Eayre—Mary Frances knitting and crocheting book. Winston, $2.00.

Gilman, M. L. & Williams, E. B.—Seat work and industrial occupations; a practical course for primary grades. Macmillan, $1.00.

Goodhue, L. P.—Simple construction in paper and cardboard. Ideal School Supply, Chicago, $1.25.

Hammond, S. E. E.—Pasteless paper construction. Bruce Pub. Co., 60 cents.

Klickmann, Flora, ed Little girl's knitting and crochet book. Stokes, $1.00.

"Simple stitches and easy patterns for making pretty and useful things in knitting and crochet."

Klickmann, Flora, ed Little girl's sewing book. Stokes, $1.25.

"Lessons in practically all plain stitches and some useful fancy stitches. Directions for making doll's dresses, simple clothing and presents."

Lester, Katherine Norris—Clay work; a handbook for teachers. Manual Arts Press, 70 cents.

"Detailed descriptions of the processes of clay modeling, with suggestive design and illustrations from photographs."

McKee, Jane W.—Purposeful handwork. Macmillan, $1.00.

Simple equipment needed; wrapping paper, glue and paste, pots of dye and paint, a bolt of stiff lawn, a keg of nails and soft wood, etc. For 1st and 2nd grade children.

Martin, W. S.—Inexpensive basketry. Manual Arts Press, 45 cents.

Mickel, A.—Stenciling. Manual Arts Press, 85 cents.

Morgan, Mrs. M. E. H.—How to dress a doll. Altemus, 60 cents.

"Here are clothes to be made for each member of the doll family—aprons, dresses, coats and caps, with quaint costumes for fancy

dress parties. The patterns are simple and the directions easy to follow. The pictures show how to work different stitches, to trim doll frocks and also make plainer the various steps in sewing."

Perry, L. Day—Seat weaving. Manual Arts Press, $1.25.

Peterson, Louis C.—Educational toys: Consisting chiefly of copying saw problems for children in the school and home. Manual Arts Press, $1.80.

Although the toys are made from wood, still some of the designs given could be used for paper or cardboard work.

Polkinghorne, R. K. & M. I. R.—Toy-making in school and home. Hubbell, $3.50.

"Shows how to make different toys from inexpensive materials—cardboard and paper ships, swinging and jointed animals, dolls, furniture, mechanical toys, kites, gliders, etc. Includes the use of woodworking tools. Fully illustrated."

Ralston, Virginia—When mother lets us sew. Moffat, 75 cents.

"How to make doll clothes, petticoats, nightgowns, frocks and coats. Tells how to baste, catch stitch, gather, darn and buttonhole."

Rich, Grace E.—When mother lets us make paper box furniture; a book which shows children how to make most attractive furniture out of materials which cost practically nothing; toys which give as much pleasure as those from expensive toy shops. Moffat, $1.25.

Sage, Elizabeth, and Cooley, A. M.—Occupations for little fingers. Scribner, $1.12.

"A manual for grade teachers, mothers and settlement workers. Contents:—A talk about the materials used. Some uses for cord and string. A few suggestions for raffia. Coarse sewing. Paper cutting and folding. Some stories in clay. Weaving. Bead work. How to furnish a doll's house. Simple upholstery for home use. Crocheting and knitting. Some special work for boys. How to use nature's materials.

Sanford, Frank G.—Art crafts for beginners. Century, $1.75.

Contents:—Design. Thin wood-working. Pyrography. Sheet metal work. Leatherwork. Bookbinding. Simple pottery. Basketry. Beadwork. Fully illustrated.

Taylor, Stewart—Clay modeling for schools. Pitman and Sons, $1.50.

Walker, L.—Varied occupations in weaving, and cane and straw work. Macmillan, $1.40.

Walker, L.—Varied occupations in string work. Macmillan, $1.40.

White, Mary—How to do bead work. Doubleday, $1.50.

"Clear and simple directions for making bead chains, belts, bags, purses, candle-shades and other fancy articles."

White, Mary—How to make baskets. Doubleday, $1.50.

"A practical guide, giving descriptions of materials and tools, and detailed directions for the different kinds of weaving. Includes a chapter on 'What the basket means to the Indian,' by Neltje Blanchan. Many illustrations, particularly of fine specimens of Indian work."

Dank, M. C.—Toy-making for handicapped children. *Manual Training Magazine*, December, 1921.

Tells what handicapped children have made following models designed by the instructor.

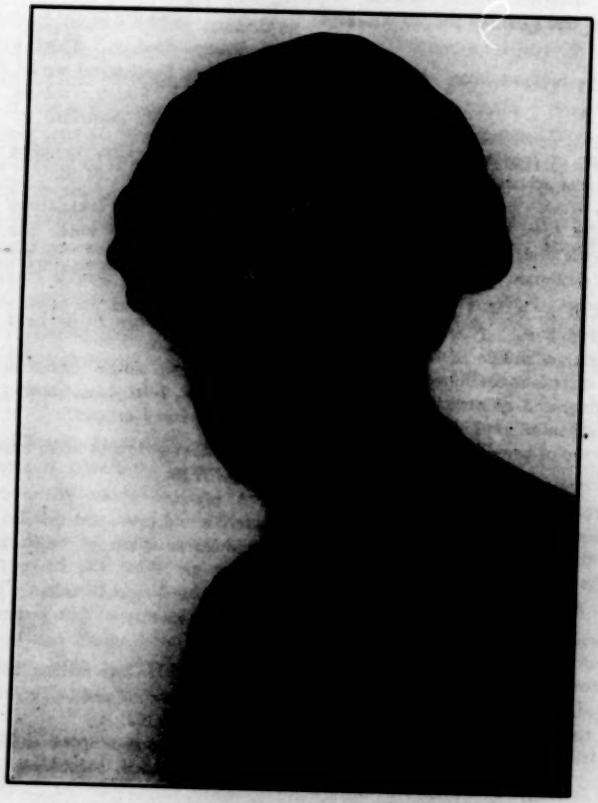
DRAWING

Lutz, Edwin George—What to draw and how to draw it. Dodd, $1.50.

"Simple and suggestive diagrams showing how to draw various birds and animals, a house and barn, a tent, pagoda, lighthouse, etc."

Lutz, E. G.—Drawing made easy. Scribner, $1.35.

WHO'S WHO IN THE NURSING WORLD



XX. EDNA L. FOLEY, B.L., R.N.

BIRTHPLACE: Hartford, Conn. PARENTAGE: Irish-American. PRELIMINARY EDUCATION: Grammar and high school, Hartford, Conn.; class of 1901, Smith College, Northampton, Mass. PROFESSIONAL EDUCATION: Class of 1904, Hartford Hospital, Hartford, Conn.; Postgraduate work in the School for Social Workers, Boston, 1908. POSITIONS HELD: Head nurse, Hartford Hospital, one year; Chief Nurse, Children's Hospital, Albany, N. Y.; one year; Night Supervisor, Children's Hospital, Boston, one year; Municipal Tuberculosis Visiting Nurse, Boston, two years; Superintendent, Municipal Tuberculosis Nurses, Chicago, three years; Superintendent Visiting Nurse Association, Chicago, since 1912; member of the American Red Cross, Tuberculosis Commission to Italy, 1919-20. OFFICES HELD: President First District Association, Chicago, 1918; vice-president, acting president, and president, National Organization for Public Health Nurses. AUTHOR OF: "Visiting Nurse Manual." Interested in activities of the Episcopal Church. PRESENT ADDRESS: 104 South Michigan Avenue, Chicago, Illinois.

EDITORIALS

Nursing and Nursing Education in the United States

As our pages are closing we find on our desk, "Nursing and Nursing Education in the United States." This is the report of the Committee for the Study of Nursing Education, of which Dr. C. E. A. Winslow was chairman, and the report of a Survey by Josephine Goldmark. The Committee Report, which occupies the first thirty of the almost six hundred pages of the book, has already been widely circulated through the *Journal*, the *Modern Hospital* and other magazines, and thousands of reprints have been distributed from National Headquarters. Miss Goldmark's final report has long been eagerly awaited as it presents the actual studies of nurses in action in the various fields upon which the conclusions of the Committee were based.

As one would naturally expect of any product of Miss Goldmark's hand and brain, the book is most excellently organized. Sub-headings and graphs are genuinely illuminating. The many, many problems incident to the education of the nurse, in order to prepare her adequately to meet the responsibilities of her calling, have been subjected to minute and painstaking analysis.

Says Miss Goldmark in her Introduction:

> This study of nurses and their training in the United States thus could not be a pure study in education or vocational training. For owing to the position of nursing in the world of education, as one of the few professions still actually in the stage of apprenticeship, the writer has of necessity been confronted at every turn by the genuine claims of service often in conflict with education. For a two-fold reason the education of the nurse presents practical problems of the utmost delicacy and difficulty. It has shared, namely, with the continuous processes in industry, the problem of meeting a 24-hour service of seven days each week; while in rendering this service to the sick and helpless it has had responsibilities more solemn than any known to industry, shared only by the medical profession.
>
> Whatever the future of the school of nursing,—and the history of vocational education gives promise of the final evolution of apprenticeship into an ordered educational system—the persistence of apprenticeship today must be reckoned with in any study of nursing as a highly influential if not still determining factor. Until the general public by taxation for public institutions, by endowments and gifts for those privately supported, makes the hospital independent of the school for its permanent nursing staff, the hospital must continue its paradoxical attempt to maintain a school without means; the school in its turn must remain, in part, at least, crippled by work in excess of any possible educational programme.
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> We have dwelt, in the following report, on the fatal error on the part of both hospitals and schools, of generally accepting as inherent and final the existing relationship between the two, and of having failed as yet even to give public expression to the inevitable consequences. To make clear this fundamental fallacy in the relationship of hospital and training school is in a sense the center and focus of our study.

Nurses everywhere are urged to give the book most careful study and to secure its thoughtful reading by hospital superintendents, members of boards of trustees and training school committees, educators, publicists, philanthropists and all who should be, whether they now are or not, interested in the nurse as an individual or as the means of providing a needed social service. Following the discussion of

"The Dilemma of the Training School Superintendent," who has been torn between the right of patients to be nursed and of students to be educated, we find the following:

> If the superintendents of nurses are to be criticised in this connection, it is not so much for what they have perforce done, as for what they have left undone. They are subject to criticism for their failure to make articulate and bring home to others the impossible nature of their task, the irreconcilable conflict in the schools.

This report of the Survey, made by a woman not a nurse, one who is widely credited with a scientific mind—a mind "with malice toward none," is designed for the particular purpose of helping nurses to overcome this sin of omission.

State Registration

WHAT is the use of State Registration? Of what profit will an "R.N." be to me? These questions are hardy perennials asked, and rightly, by successive classes of nurses. Despite apathy and misunderstanding, those who employ nurses are learning to apply the test, "Are you a registered nurse?" It is the primary indication that a woman has made a definite effort to prepare for the care of the seriously sick and for becoming a health teacher and that she has met the minimum standards of her state. No school is justified in a feeling of complacence because it has barely met state requirements, for they are always minimum. No nurse should be content to register and then consider her education for the care of the seriously ill completed. To the graduate nurse we are tempted to say that the title R.N. is worth what you may chose to make it. It can never connote, in terms of safety and comfort of patients, all that our more thoughtful nurses would have it stand for, until all accept their individual responsibility in the matter. Just as a school should take pride in doing for its students more than the state demands, so should the registered nurse take pride in far exceeding the minimum demands made upon her. Every registered nurse should feel herself responsible for the good repute of the "R.N." In addition to keeping her own standard of achievement and conduct high, she should lend her forceful support to all dignified means for maintaining its integrity,—even to the distasteful task of reporting to responsible authorities infractions of the law.

It is all very well for us to say, as we do in moments of discouragement, that there is no use in attempting to maintain standards when we are unable to secure strong legislative support. If we really lived up to our obligations in the matter of making the "R.N." both favorably and generally known, through the character of the service rendered, we should have less difficulty with legislators who believe we are looking for privilege for ourselves rather than for a means of estimating the degree to which, in cases of serious illness or great responsibility to be borne, it is safe to trust the bearer of the title.

It is just twenty years since the legislatures of North Carolina, New Jersey, New York, and Virginia, in the order named, passed our first registration acts. Today there are forty-seven such statutes, seven of which, at least, make some provision for the registration or licensing of attendants. These laws are far from uniform. The provisions of some of them are pathetically weak and the

administrative machinery of most of them is inadequate.

Where then is the achievement? Those women animated by the flame of heroic purpose who have struggled to obtain the laws can best answer the question. Only the women who have sacrificed their own feelings to appear before legislative committees, who have given up hours of needed leisure, and who have worked in season and out, can really evaluate the effort expended. Something has been accomplished in influencing public opinion, in overcoming the inertia of indifference to nursing standards that for so long characterized those not in immediate need of nursing service. More, very much more, could stand to our credit if every registered nurse really accepted the obligations that go with the title, to make the "R.N." a known and an honored symbol.

Despite the fact that we still have very many schools that are schools in name only, inasmuch as they are operated for the advantage of the hospital rather than to prepare nurses for future service in their communities, the students and graduates of today owe a vast debt to state registration. One must look back to pre-registration days to realize how great the change has been. Organized courses, even though all too frequently inadequate, are now the rule rather than the exception. More and more schools are accepting the eight hour day. The housing of students has undergone a marked improvement.

Says James Harvey Robinson, "We have absolutely inexhaustible capacities for appropriating what others do for us without thought of a 'thank you.' We do not feel called upon to make any least contribution to the merry game ourselves. Indeed, we are usually quite unaware that a game is being played at all."[1]

So it is with those who have entered the profession after registration has been established. It is easy to disparage. It is difficult to evaluate what has already been accomplished. The least optimistic will concede that a basis has been established on which we may safely build. The public requires more service than registered nurses alone can give. Only by legislative action can they have a sound basis for comparison of the various groups in the field. Nurses must put forth every effort to make the "R.N." recognized and understood as the symbol of preparation for the care of the acutely sick. They should seize every opportunity for adding to their own professional equipment. They must continue their efforts to strengthen the laws,—not for the sake of the standards, but for the sake of the efficiency which standardization brings, and for the protection of the patients who must be given a sound basis for judgment in their choice of nurses.

Legislation alone cannot bring to our schools a full sense of self realization as schools. When our schools have been graded, much as medical schools and hospitals have been graded, and when we have uniform registration acts, by means of which the various groups can be given suitable titles based on their known preparation we shall be able more nearly to approximate our ideal. The achievements of twenty years are infinitely less than the pioneers in secur-

[1] "Mind in the Making," page 57.

ing nursing legislation hoped, none the less we have moved forward as rapidly as our own limitations and an inert public would permit. State registration is now one of the pillars upon which our professional structure rests. It behooves every nurse to make the most of it instead of supinely taking advantage of it.

Our Objective

WHEN all our schools can keep in view, persistently and consistently, the real objective of *schools* for nurses, we shall have less criticism of nurses. The objective of a school for nurses is not the care of the patients of a particular institution. The care of the patients is the responsibility of the nursing service of the hospital which may include, but which should certainly extend beyond, the service of students. The true objective of schools for nurses should be to give a basic preparation to young women for the many types of nursing and health service which our communities demand of graduate nurses. The schools make a tremendous contribution to the nursing of our hospitals. This fact has loomed so large and has proved so profitable when educational needs have been neglected, as to sadly obscure the larger vision, in many instances.

Many are the adjustments being made to meet the growing needs. Many, many more will be necessary before large numbers of our schools are really worthy of the name of schools. The problem is economic and social as well as professional and educational, but our class rooms are beginning to reflect the larger vision.

Some of the straws which show which way the wind is blowing are very interesting. For example, an instructor in certain preliminary courses has her students clip items relating to sickness and health from the daily papers. Each morning fifteen minutes is spent in discussing the problems presented. Almost from the day of admission, therefore, these students are taught to think of their class and laboratory work in its relation to the patients in the community, as well as to those in the hospital. This instructor has been a teacher and a public health nurse. When asked which activity she enjoyed more, she replied that she could make no distinction inasmuch as public health nursing is largely teaching, and teaching nurses is barren if it does not have for its objective an improved public health. It is an opinion that should give pause to those administrators who still see in the student only a means of meeting the institutional needs of the moment.

The Joy of Giving

IT it really the joy of giving that makes nursing so worth while. Nurses' lives are made up of opportunities for giving of knowledge and of skill. Nurses are generous of time, of effort, of money. They are much more generous with patients than is generally believed, for such things are naturally not matters for general discussion. Growing contributions for the relief of our almost starving Russian and German sisters are evidence of the habitual response of American nurses to specific appeals for help.

The contributions to the American Nurses' Association totalling almost $200,000 as listed by Agnes G. Deans in our last issue are an indication of

unselfish giving. The gift of $1,000 to National Nursing Headquarters by the Illinois State Association and reported in the same Journal, is an example of unusually generous and coöperative action. Nurses are all women of limited incomes. No matter how generously inclined, they must sharply limit their financial outlay, but it has not been our observation that they look for returns other than satisfaction in results accomplished. Much of their giving, however, is a sound investment yielding large and increasing returns by adding to our educational and other resources. The Delano Memorial will really be a tribute to all who serve. The Bordeaux School, through the service of its graduates, gives added lustre to the name American Nurse, already highly honored in France. Funds used for scholarships and loans return an hundred fold because any advance in knowledge raises the general level of professional achievement.

The Illinois nurses may feel that they have given to a remote cause but they have given wholeheartedly. More and more clearly do we perceive the value of the coördination of the work of our National Organizations that is now possible. More and more are our Headquarters becoming a clearing house for professional problems. It is an expression to the world at large of the magnitude of our effort. Illinois nurses will find that the investment of moneys and of good will returns dividends of increased coördination, coöperation and so of professional advancement, just as surely as the nurse who gives more rather than a little less than the service demanded reaps a reward in the esteem and friendship of her patients. Truly, there is joy in giving and the returns are multiplied many times by the selflessness of the gift.

Simple Courtesy

THE work of the Placement Bureau at National Headquarters to be effective must be carried on a genuinely coöperative basis. It is being seriously hampered by the failure of some nurses to live up to the rules of ordinary courtesy. Names are placed on file for the various types of positions. Hospitals desiring nurses are given the addresses of those nurses whose qualifications seem to fill the requirements of the positions offered and the hospitals communicate directly with the nurses. Under any and all circumstances, such letters are worthy of a reply. Even though a position may seem wholly undesirable to the applicant, she should make her decision known. An amazing number of nurses ignore the rule of etiquette that demands a reply to a letter, just as a personal greeting calls for a spontaneous reply.

Most of the positions are accepted, but again there is lack of courtesy. All too frequently both hospital and nurse fail to report that an agreement has been reached and the position filled. Records have to be checked back and letters sent out to ascertain the facts. This is all very unbusinesslike, it is time consuming and inefficient.

Nurses want positions. Hospitals want nurses. The Placement Bureau is prepared to make the desired contacts. It can serve both groups more effectively if all concerned recognize their responsibility and, although busy, take time to be courteous.

Types

THE supervisor of a public health nursing service says that two nurses who confess to having been born "before 1875" form the very backbone of their service. Both served long years as private duty nurses. They are so firmly established in the esteem of those they have served, that ex-patients still keep their telephone numbers, in order that they may readily obtain advice when the health of John, or James, or Mary—born five or ten or fifteen years ago—gives cause for anxiety.

Not long since, a patient to whom one of these nurses had been making prenatal visits had premonitory symptoms in the evening. The husband, reporting the fact, asked for the nurse who had been advising the prospective mother. He was told she was off duty and furthermore that she lived a long distance from the Center, but that the nurse on call would go at once. With calm certainty he replied, "That may be, but I know Miss C. will come to my wife if you will let me send for her. I know there is time, for she told us just how it would all happen."

The complete faith of the young parents was justified, just as the faith of the patients of long ago has stood the test of years. The nurse willingly answered the call to the case although she was not really responsible that night.

Contrast that picture with that of the young nurse called to a home where two old ladies were mildly ill with "flu." To quote the supervisor in this instance, "They were lying in their beds as harmless as doves," and requiring little care. Influenza and pneumonia were raging in the community. Nurses were at a premium. Although her duties were far from arduous, the nurse demanded that a second one be called, in order that she might have time off duty away from the house. To her credit be it said that she proved open to conviction on the subject of relaxation in the home, instead of away from it, when a real emergency existed.

Are these extreme instances? Perhaps they are, but these decisions are typical of those that nurses are constantly making and by which they, and the whole profession, are judged.

The older woman had learned, as Herbert Hoover has so well said, that "when we rehearse our own individual memories of success, we find that none gives us such comfort as memory of service given." The young nurse has that lesson still to learn. She will be neither a wholly efficient nor yet a happy nurse if she fails to grasp its meaning.

"The problem of education is twofold; first to know and then to utter. Every one who lives any semblance of an inner life thinks more nobly and profoundly than he speaks; and the best teachers can impart only broken images of the truth which they perceive. Speech which goes from one to the other between two natures and, what is worse, between two experiences, is doubly relative. The speaker buries his meaning; it is for the hearer to dig it up again; and all speech, written or spoken, is in a dead language until it finds a willing and prepared hearer."—*Robert Louis Stevenson.*

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

TEACHING AND SUPERVISION OF NURSING EDUCATION

BY PHOEBE M. KANDEL, R.N.

"Theory and practice always act upon each other; one can see from their works what men's opinions are; and from their opinions predict what they will do."—*Goethe.*

THE object of this paper is to determine whether teachings and supervision of nursing practice are one and the same thing.

The old definition of teaching was solely the "imparting of knowledge," and that of supervision "to oversee." It will be observed at once how inadequate these two definitions are compared with our present concepts of teaching and supervision. To quote from Professor Bonser's Elementary School Curriculum,

> The more immediate purpose of instruction must be to impart the knowledge and power, and form habits that determine a well ordered daily life.

And again,

> The instructor must be careful to inculcate good habits and emphasize the appreciation of relative values. Supervision in its proper educational sense covers all that has been taught in the class room, both concerning principles and methods; it is the supplementing of class room instruction by critical and helpful observation at the time when the student is actually doing the thing she has been taught.

Whether the science and art of education is taught in a School of Household Arts or in a School of Engineering or in any other technical school the theory and practice is given by a teaching personnel who are specialists in their particular subjects. In order that there be a common purpose in the interpretation of the curriculum and that the students derive the greatest benefit, it is well that each instructor have some appreciation of the programme as a whole. This should assure better coördination and more frequent application.

Whenever a direct application can be made that will fix a fact in the memory and establish association paths, it should be done. For example, if a class of student nurses have included in their chemistry experiments the precipitation of proteins by salts of heavy metals, and if they actually combine a protein solution, such as egg-white, with a solution of bichloride of mercury, they will instantly see that a heavy protein precipitate forms. If the teacher is acquainted with the actual treatment given a patient suffering from bichloride poisoning in the early stage, the class will be told that it will not be possible to remove a heavy precipitate easily through a stomach tube without first putting the precipitate in a form to facilitate the expediency of the treatment. A demonstration showing a closer union of the precipitate by the action of sodium bicarbonate would illustrate the principle used in an allied subject, in this case to a medical treatment in which the nurse takes an active part. While the instructor conducts the laboratory work in these experiments, the student will learn the relative values of other heavy salts with various protein solutions.

How does the nurse teacher function in teaching and supervision? It is not uncommon to see in some announcements of schools of nursing, titles of Theoretical and Practical Instructors.

Neither is it uncommon to hear that "the teaching of theory is given by Miss "A"; the supervision is done by Miss "B." How has the idea arisen that teaching and supervision, or theory and practice, are two separate and distinct phases of the nursing programme? It is not possible to understand how one can function without the other. For example, whenever a lesson is given on counterirritants, the teacher must know, (if she is to conduct a satisfactory class) why counterirritants are applied; secondly, how substances may be combined so that their qualities will not be destroyed; and thirdly, the methods by which counterirritants are applied. Technic is the method by which nursing practice is done; theory relates to the reason why. Without knowing the wherefore of a nursing procedure the student might be responsible for some very grave errors. The reasons given by the teacher will include many of the underlying principles, put into application not only in the various departments of the hospital but also in the home. Are not theory and practice combined in all of these illustrations? If the teacher asks a student to demonstrate to her the treatment she has been taught either in the ward or in the class-room, are not teaching and supervision again closely related?

To get the best teaching supervision there must exist the spirit of coöperation between supervisors, teachers, head nurses, and the student nurse group. Does this spirit of coöperation always exist? From observations and inquiries made personally the answer would be, it does not. The one factor which largely determines the extent of coöperation is the personality of the supervisors. Grace Alice Day, author of Some Principles Underlying Effective Supervision, says

> The supervisor must establish a friendly relation between herself and the supervised and a democratic spirit as well as experience as a teacher must exist, in order to establish a feeling of confidence.

And again,

> The authority a supervisor clothes herself with is not always conducive to meeting on common ground on which to do their best work.

Too often nurse teachers are clothed with the militaristic bearing to such an extent that a common meeting ground between teacher and students never becomes established. Then, too, as in other professions there are teachers and supervisors who are not adequately prepared to teach. Recognizing their weaknesses they veil themselves with an unapproachable air and in their effort to make an impression, offer harsh criticisms and reprimands leaving the student no better prepared to execute the task she set out to do than before the destructive criticism was made. This is neither teaching nor supervising. Such an attitude is not conducive to recruiting students either through the graduate or the student body.

With the gradual preparation of more instructors, who may or may not serve in the capacity as both teacher and supervisor, in that proportion will we have a reciprocative graduate and student nurse group? A balance of firmness, patience, sympathy, and courtesy is the quality to be looked for in the personality of the nurse teacher and supervisor. To quote Miss Day again concerning constructive criticism,

> The teacher or supervisor not only tells wherein the work is poor, but actually shows the student how to do it.

The source of the following is unknown; it is used to strengthen Miss Day's statement.

Teaching by example is more effective than teaching by precept. We learn to do not by knowing alone, but by knowing and doing.

In the nursing profession as well as the teaching profession we meet with young women who have entered upon teaching or nursing not knowing what else to do. It is not from this group, as a usual thing, that our teachers and nurses come who manifest real interest in the development of the profession they have entered upon. Not infrequently do we find that those who enter the schools of nursing and graduate feel they should be given positions of authority and responsibility without taking some of the intermediate steps that will secure for them the higher position by virtue of step by step preparation. If a school is unable to retain its best graduates whom it considers especially capable as head nurses, then the uninterested group is drawn from. Consequently headnurseships are granted to nurses who lack the true spirit of nursing and teaching,—the first handicap to the growth of the school. Fortunate for the schools of nursing when we get over the span of time that appears to have been used by some head nurses and assistants in serving as guards rather than as teachers and nurses. Effie J. Taylor, formerly of Johns Hopkins Hospital, says, "Too many graduates feel that when they go in white they must keep the uniform spick and span." No teacher or supervisor of nurses can keep herself spotless if she actively participates in the subject she is teaching, no matter in what capacity she is teaching and supervising.

What constitutes the preparation of the young graduate for the position of teacher or supervisor? A headnurseship is an excellent start. In this capacity she could be carefully guided by the upper members of the faculty of the school. It is they who should remember that they are contributing to the growth, the strength, and firmness of the foundation of her preparation in proportion to the care with which the first blocks of knowledge are laid. To the principal or director falls the first responsibility of acquainting and stimulating the young head nurse with her duties. Then come conferences between supervisor and head nurse, and with other members of the teaching staff and other head nurses, out of which the problems of teaching, supervision, and ward housekeeping become better systematized and administered. Group conferences for the mutual exchange of ideas and reports of new treatments help to develop a unity of interest as well as a spirit of enthusiasm among the entire teaching personnel. One ward is an integral part of a whole system of wards and the head nurse of each ward must be prepared to see the relationship of one ward with another in its scheme of instruction for the student group. Given wise council, a head nurse will better appreciate the important part she plays in the education of the student body as they are assigned to her particular ward for clinical experience. It is no small thing to be a successful head nurse. To her is carried all of the little details of the ward. In addition she must be a veritable information bureau ready to answer any number of questions from physicians regarding patients as well as to direct her nursing personnel, maids, porters,

and orderlies. To assist the head nurse, both in her administrative and teaching duties, the teacher-supervisor is very generally being introduced. In some instances the teacher-supervisor is responsible for two pavilions representing four or more wards, but all one service, for example, either pediatric or surgical. Then again a mixed service may be assigned depending upon the size of the hospital and number of patients.

After a head nurse has successfully demonstrated her ability to manage a ward, she may express a desire for promotion, or the principal, recognizing special teaching and supervising ability, may advance her to such position. If this person shows a natural aptitude for teaching, it is necessary that she first acquire a thorough knowledge of the subject she is to teach as well as the fundamental principles of education. Specialization should not be stressed too much, yet the individual, for example, who teaches Pediatric Nursing, should be thoroughly prepared to teach that subject, and at the same time possess considerable information about other forms of nursing so that she can adapt herself quickly in times of emergencies.

This is an age when everyone who desires to render expert professional service should make the effort to acquire the fundamental principles of education offered in the many colleges and universities. It is something within the reach of all who really wish to grow, if only the personal effort is made to get it.

Dr. Lyman Abbot said, a few years ago, in an address, "A leader accomplishes most of his best work through individual and very personal contacts." The position of head nurse, teacher, or supervisor offers great opportunities of service through interests in individuals and personal contacts. Without these, little can be achieved in any form of education.

THE PROBLEM OF THE BACKWARD STUDENT[1]

By Lauretta I. Morrisey

THE problem of the backward student is as old as the history of education. It has always been deplored. It is peculiar to no time nor locality. All persons who have endeavored to help a people to emerge from the commonplace to a level of achievement, have known this problem. The educational systems of the past, and to a large degree, of the present, have been built around and greatly influenced by the possibilities of the less capable. In fact, the desire to raise the student of meager intelligence to the intellectual status of the more capable has been so great that little thought has been given to offering opportunity to the student of superior ability to advance at a rate and to a degree commensurate with his abilities.

We are all too familiar with the class room exercise where by far the greatest amount of time and energy are given to an endeavor to assist the backward student to assimilate and appreciate subject matter for which he has neither capacity nor interest; while in the meantime, the

[1] Paper read at the convention in Seattle, June, 1922.

time of the capable student is wasted, his interest dissipated, and ample opportunity offered for the formation of habits of lack of concentration and deficiency in the power of attention, the two chief elements in the development of ordered and vivid intelligence. It is conceded by psychologists that the supreme necessity in any effort is to proceed straight ahead without allowing any diversion of attention.

The great obstacle to clearsightedness in intellectual processes has been the complete absence, until recent years, of the scientific spirit in psychology.

The essential idea that in psychology there are laws that are sure and inevitable in effect as in mechanics had not penetrated the minds of educators. The result has been that mere routine has prevailed because there was no coherent body of observations and experiments in the field of psychological effort. We have simply done what we have seen others do. We now know that the art of learning is the art of obeying the laws of mind and body. And so we find the educators of today seriously inquiring into the reaction of students to methods of instruction, and formulating from experiments and observations plans for grading, and methods of presentation which shall be in accord with the mental capacity and personal equipment of the student. Many schemes and plans have been devised. They differ markedly in detail, but all have for their basis the endeavor to measure the nature and speed of the student's reaction to environment. They aim to analyze and measure the status or the efficiency of traits and capacities in the individual. It is a study of mental performance rather than mental content. The various devices or means used are known as mental or intelligence tests and their application is most varied and extensive. Each day we hear of some new form and use. They are not confined as originally conceived to the professional field, but have spread to the business and industrial fields as well. Not only are the universities and colleges using them in determining entrance requirements, but business concerns are employing them in the selection of administrative and clerical officers, and industry is using them in placing men with a view to greater efficiency in operation. It is of interest to trace the development of these tests.

We find that they are by no means new and recent ideas, in fact they have a historical background of considerable range. We find mention of them as early as the thirteenth and fourteenth centuries where use was made of them in determining the degree to which a criminal was responsible for his crime. In one case a criminal was pardoned because he had only the mental age of a child of ten, and was therefore no more responsible than a child for his acts.

With the development of the science of psychology the consciousness of intellectual differences increased, and the men who had the vision of what this might mean to education, endeavored at different times to enlist the interest of the authorities but with meager success. It is interesting to note that the vision did not perish, and it is of particular interest to hospital authorities to learn that the earliest record of educational measurements is the Scale Book, compiled in 1864 by the Rev. George Fisher of Greenwich Hospital, England. This book contains the grade given

for each degree of proficiency in the subjects of examination, spelling, mathematics, history, and so on, the different specimens being rated from 1-5 in excellence. The book, however, had little influence in the educational standards of the times. In 1801 Fecher, a worker in experimental psychology, organized methods for the measurement of mental capacity which received favorable attention. In 1890 the United States, Germany, France, began to consider the value of such measurements. In 1905, Binet, a French psychologist who was working upon problems of individual psychology brought out his first set of tests. In 1908, a second set appeared. Binet was the first to utilize standards in measurements of intelligence. This discovery was, from a practical point of view, the most important in all the history of psychology.

To understand the present stage in the development of the intelligence tests, the Army tests and the Binet-Simon Scale, it is necessary to take up some of the various individual elements from which they have been synthesized. These are listed in the Manual of Mental and Physical Tests by Whipple. Among the tests listed in this book are those for attention and perception; for description and report; for association; for learning and memory; for imagination and invention; for intellectual equipment. The Binet-Simon test drew largely from this series in its general arrangement.

No record of psychological research would be complete without mention of E. L. Thorndyke who first arranged statistical records which have been of greatest value.

While the general worth of the mental tests was quite generally accepted from the standpoint of theoretical value, no practical application was made until the outbreak of the World War. At that time when there was so much work that required definite and specialized ability, and when thousands of men from all walks of life were clamoring for service, and where time and efficiency were such important factors, the selection of the right man for the right place was most important. The task proved to be of such difficulty and of such great proportions that in desperation the authorities turned to what they had considered the last resort, the methods of the impractical, theoretical psychologists. To them they said, "If there be any merit of reason in your dreaming and theories, here is an opportunity to demonstrate their practical application. Show us, if you can, how we may select from among these thousands, the men who will make the best pilots, mechanics, truck drivers, and officers of various rank." This the psychologists agreed to do and straightway set about arranging committees, but even then the Army authorities were skeptical, for they insisted upon having as members of the committees, men from other professions and occupations, lawyers, business men, engineers, to act as ballast. The tests arranged were so successful and demonstrated so thoroughly their reliability and worth, that they were put into general use in classifying the men according to their general intelligence. A number of different forms are now available. The most elaborately devised series is that known as the National Intelligence Tests, prepared in 1920 under the direction of the National Research Council.

It is interesting to note the gradual spread of this form of rating in educational systems and institutions, and to observe the reaction of educators to it. Many expect too much and others have no confidence in it. To those who have imagination and the scientific type of mind which gives hope and patience with experiment it is like radium or wireless, full of possibilities and functioning wonderfully considering the amount of knowledge of it available at present.

In giving so much attention to the subject of mental testing it might seem that I had lost sight of the original question, the problem of the backward student. But I have not lost sight of the problem, for all that I have said of the history, development, and application of intelligence testing is, in a measure, my answer. I believe it will be the answer to the administrator's problem of this student, and also the student's problem of himself.

The term "backward student" is very general in its application. It is used in describing the mental ability of students with a mental age of seven to twelve; the mentally retarded, the result of physical disability caused by adenoids, diseased tonsils, or defective vision; or physiological disability, mal-nutrition, and endocrinic disturbances. It is also applied to the student whose environment, and educational advantages have been meager; and to the slow thinker, who makes associations more slowly than the average, but who is able to form sharp and clear concepts if given enough time. I believe that by the skillful use of physical and mental tests we shall be able to place such a student where he may develop to the utmost the capacities and abilities he possesses, by paths of instruction especially designed to meet his needs. By so doing, groups of homogeneous ability and intelligence level will be formed, and the time, energy, and effort of all concerned will be conserved.

There is still another group of students, of greater intelligence and higher intellectual organization, the grading and placing of whom is of great complexity. They are found among the backward group because of a lack of the two-fold instrument of intellectual development, will power and work, lack of concentration, and general irresponsibility. A mental test enables us to say to such a student that she is lacking in application, that she is capable of doing better, that her failures are entirely without justification, that she is willfully wasting both time and money.

In the selection of applicants for entrance to schools of nursing education, I believe such tests would be most valuable. Under the present systems of training, the theoretical work is most intensive, and technical, and the practical work, detailed and exhaustive, while the cost to the institution is entirely disproportionate to the student services rendered. Here, as in the Army, it is necessary to know clearly and definitely what may be expected from each student. The student who, because of lack of ability, drops training after a few weeks' trial, or who is obliged to repeat work, is an economic loss in every sense of the word. The student whose physical and mental equipment renders her work so near to the limit of her endurance that she is worried, unhappy, and fatigued, is also a liability. The student who is capable, but who is not applying herself, is an economic loss for she acts

as a badly adjusted part, a needless interference to the smooth running of the hospital machinery.

Of course it is not possible to get a group that, taken as a whole, will represent homogeneous ability. Such conditions are not of this earth. But by being able to judge somewhat of possibilities and probabilities, the administrative office is able to eliminate, at the start, the impossible, to arrange the classes in number and personnel, so that students who need more attention and encouragement may be classed in fewer numbers than those capable of going ahead on their own initiative and power.

I believe the determined and ever increasing demand by hospital authorities for a higher grade of scholarship in their applicants, and a constant raising of the character of hospital instruction will do much to solve their backward student problem. It is a well known fact that many students of very limited intelligence are able to complete the eighth grade by substituting memory for intelligence. On entering the high school they find that memory is not sufficient, and that judgment and reason must be used. Thus through the natural process of elimination they fail in high school and therefore have not the entrance requirements for hospital training.

In closing I would add one more reason for the proper consideration of the problem of the backward student; and that is the right of the individual to find pleasure in his work, and there can be no pleasure when one is outside his sphere of endeavor. Jules Payot in his book Will Power and Work, in speaking of the influence of pleasure, says:

> Any system of education which casts aside all emotional appeal is doomed to failure. Pleasure might be denominated the song of triumph of the human organism. It indicates the proper working of a machine under high pressure. It is a consciousness of a superabundance of energy. Under its influence one accomplishes much with little conscious effort, and this you must agree is the most desirable condition in any work.

SUMMER SCHOOLS OR INSTITUTES

California: Course for Administrators and Instructors, June 18-July 25. Faculty,—Ray Lyman Wilbur, M.D.; Carolyn E. Gray, B.S., A.M., R.N.; Sarah G. White, B.S., R.N.; Mary R. Walsh, R.N. Make application to Registrar, Stanford University, Calif.

Illinois: Chicago.—Institute for administrators and instructors, dates to be announced later. Lectures in the morning, field trips in the afternoon. Subjects,—Psychology, Principles of Teaching, Sociology. Visits to institutions with demonstrations. Faculty,—University professors for lectures, qualified nurses for demonstrations. Make application to Mary Cutler, 1750 Congress St., Chicago.

Iowa: Course for Executives and Instructors. June 11-July 20. Faculty,—Mary C. Wheeler, R.N., B.A.; Beulah Crawford, R.N., M.A.; Lola Lindsey, R.N., and University professors. Subjects,—Administration in Schools of Nursing, Teaching Nursing Principles and Methods, Organization of Nursing Subjects, Demonstrations of Nursing Procedures, Psychology. Elizabeth Bemis, B.S., Administrative Dietitian at the University Hospital of Iowa City, will give a course in Institutional Management. Make application to Josephine Creelman, R.N., Resident Director, University Hospital, University School of Nursing, Iowa City, Iowa.

Michigan: Detroit.—Two postgraduate courses, four months in length, one in surgical

technic, one in the administration of anesthesia. Students receive board but are expected to defray other expenses. A fee charged for each course. Apply to Superintendent of Nurses, Farrand Training School, Detroit.

New York: Teachers College, Columbia University. Regular summer courses for administrators and instructors. Apply to the Registrar, Teachers College, New York.

New York: Oswego.—Health Education. July 12-August 10. Faculty,—Sarah C. Olmstead, R.N., B.S.; Richard K. Piez, Pd.D.; Charlotte Walls, A.B. Bartha McChesney Mascot will be one of the lecturers. Subjects offered: School and Community Hygiene, Physical Education, Psychology, Field Work, Sociology, Personal Hygiene and Nutrition, Mental Hygiene. Apply to Director of Health Education, State Normal School, Oswego, N.Y.

Tennessee: Nashville.—Course for Instructors and Administrators, at George Peabody College. Six weeks, beginning June 11. Subjects,—Supervision in Hospitals and Schools of Nursing, Teaching in Schools of Nursing, courses in Chemistry, Biology, Psychology, and Principles of Teaching. Annie W. Goodrich will assist in the course for one week. The special instruction in supervision and teaching will be given by Susie A. Watson, A.B., R.N. Apply to Abbie Roberts, George Peabody College, Nashville, Tenn.

(A list of courses in Public Health Nursing will be found in the Department for Public Health Nursing.)

OUR CONTRIBUTORS

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Hazel Corbin, R.N., Assistant Director of the Maternity Center Association of New York, is a graduate of the Brooklyn Hospital School for Nurses. She has been actively engaged in maternity center work in Brooklyn and New York since graduation.

Louise Zabriskie, R.N., graduate of the New York Hospital School for Nurses, was night superintendent of the Lying-in Hospital of New York for three years. She has been a private nurse and has done district nursing for the Metropolitan Life Insurance Company. She is now assistant to the Director of the Maternity Center of New York.

E. Blanche Seyfert, R.N., a graduate of St. Joseph's Hospital Training School, Lancaster, Pa., and President of the alumnae association of her school is, at present, a supervisor with the Pennsylvania Department of Public Health, engaged in a survey of the work of midwives. Miss Seyfert has been an instructor of nurses, she was a member of the Navy Nurse Corps, for three years, and she has also studied X-ray work.

Dr. Richard Olding Beard of the University of Minnesota completes, in this issue of the *Journal*, his study of the Report on Nursing Education of the Rockefeller Foundation.

Effie M. Krusey, R.N., is a graduate of the South Side Hospital Training School, Pittsburgh, class of 1920. She was supervisor at the Columbia Hospital, Wilkinsburg, before taking her present position as college nurse at Pennsylvania State College.

Margaret S. Smylie, R.N., received her training as a nurse in England and became a "Queen's Nurse" in Ireland. She later took a major summer course in the New York School of Social Service. After holding executive positions in Pennsylvania and doing health teaching in New Jersey, she is now superintendent of the New Samaritan Hospital and Training School, Sioux City, Iowa.

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DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

NURSES NEEDED BY THE ARMY, NAVY AND U. S. VETERANS' BUREAU

ARMY—The Nursing Service of the American Red Cross has recently been notified by the Office of the Surgeon General of the Army, that nurses are needed at the following posts: San Antonio, Texas; El Paso, Texas; Fort Sam Houston, Texas; Denver, Colorado. As short appointments will be allowed, nurses will be required to pay their own traveling expenses. This will not be a hardship if the nurses in the immediate locality apply.

Nurses in other parts of the country, who have long felt an interest in Army nursing, but have not felt it possible to enroll for three years, may also be interested in this arrangement, and even though at some distance, may be willing to pay their transportation for the sake of the variety, experience, and opportunity for service to their country which is offered through this arrangement.

NAVY—The Navy is also in need of nurses. The corps at the present time consists of 493 nurses. It is very much desired to increase this to at least 525. Consequently, a recent request for twenty-five or thirty nurses has been filed with the Red Cross.

The Navy will also appoint nurses for a period of six months. The nurse in this case is expected to pay her transportation. Such appointments are confined to the Naval Hospitals at Philadelphia, New York and Chelsea, Mass. Local nurses may apply directly to these institutions. Nurses may also be appointed for one year as reserve members, or for as long as the emergency lasts. In this case the Navy pays the transportation. It is understood, however, that nurses will be assigned to the nearest Naval Hospital from the point where the application is made.

Interesting plans for the development of this service are under consideration. The nurse for the Navy should be a woman of some executive and teaching ability, as Navy nurses are entrusted with the preparation of the hospital corps men. It may interest the readers of the *Journal* to know that the Hospital Corps Training School at San Francisco, Calif., has become an Accredited School in that State, and that negotiations are now being made for the same recognition of the School at Norfolk, Va.

The Navy Department is planning to give its nurse instructors the summer Instructors' Course at Teachers College, Columbia University, New York, and also at the Stanford University, California. Laboratory nurses will be placed in every Naval Hospital, and excellent laboratory courses have been given, and are now in progress, at the Naval Medical School, Washington, D. C. A very complete and interesting Course in Dietetics is being arranged at Miss Farmer's School of Cookery, Boston, Mass., where eight Navy Nurses will specialize this spring. Plans are also being developed for the same type of course at the University of California. At the Naval Hospital, Washington, D. C., a fully equipped physiotherapy

department is being developed in which nurses may receive a course of instruction fitting them for these special departments. J. Beatrice Bowman, Superintendent of the Navy Nurse Corps, says:

> It is recognized that the Navy Nurse is a woman of high ideals, executive ability, an inborn sense of loyalty and one who takes the greatest interest in her work. Mere words cannot express the coöperation and loyal support manifested by the Corps, a welding of duty and principle that makes for staunch, true womanhood, and splendid results no matter what difficulties may arise. The Navy respects and appreciates its nurses to the fullest extent and feels them capable of important and far reaching things. We hope to draw to our lines more nurses who will come with a determination to help us build a better institution for the training of male nurses.

It is hoped that many Red Cross nurses will be attracted toward this duty. A word of explanation may be needed as to the utilization of Navy Nurses as dietitians. The nurse is recognized as an integral part of the Navy Department. The dietitian, if she enters this service, goes as a civilian employee, and not as a member of the Navy. For this reason the Navy deems it wiser to utilize nurses who have had special training for their work in dietetics.

Staff Nurses in both the Army and Navy are allowed seventy dollars a month, with maintenance. This is the lowest salary rate.

UNITED STATES VETERANS' BUREAU—The United States Veterans' Bureau is also in need of nurses for the hospitals which it maintains for the care of ex-service men. Every effort is being made to increase the efficiency of this service. A special course of six weeks is now being given at St. Elizabeth's, Washington, D. C. in psychiatric work. This course consists of lectures by eminent psychiatrists, and practical experience in the wards of St. Elizabeth's. Thirty nurses have completed the course and thirty-four registered for March 5. A special course is also being given on tuberculosis at New Haven. A similar one was given some time ago at Oteen. The salary of the staff nurse is from $1680 to $1800 per year, minus $50 per month, which is deducted for maintenance.

Enrolled Red Cross nurses interested in any one of the above services may apply directly to the Red Cross, as in that case the Red Cross will refer their papers to the Departments concerned, although they may apply directly to the Superintendent of the Service in which they may be interested.

STATUS OF NURSING PERSONNEL IN GENERAL HOSPITAL RESERVE UNITS

Shortly after the World War, the Red Cross was asked by the Surgeon General of the United States Army to reorganize and hold together the Base Hospitals, organized by the American Red Cross prior to the war. The plan has been changed somewhat and these are now being developed directly under the War Department. Red Cross nurses who may be approached locally and urged to join these units, or others who are not enrolled, will be interested in the ruling recently issued by the Surgeon General's Office which also affects dietitians:

> 1. The enrollment of nurses at the present time can be made as a provisional arrangement. Such an enrollment should be taken to mean that the nurses listed are considered available and eligible for service. At the present time such nurses must be enrolled in the American

Red Cross Nursing Service, on the active list of that organization.

2. The enrollment of dietitians also may be similarly arranged to indicate the availability and eligibility of the persons listed. Such dietitians also should be enrolled Red Cross dietitians to indicate their necessary professional standing.

Closing of American Red Cross Office at 44 East 23rd Street New York City

All roads used to lead to Rome, and to the majority of ex-service nurses or enrolled Red Cross nurses passing through New York. all roads seemed to lead to the Red Cross Nursing Office at 44 East 23rd Street, where Florence M. Johnson has welcomed them, advising, in some cases, encouraging in others, and occasionally admonishing, but always ready to supply the thousand and one needs that have seemed to exist. Nurses in general will be sorry to know that the familiar office is closed.

Miss Johnson is still with the Red Cross, however, and is now at 598 Madison Avenue, New York City, the headquarters of the New York County Chapter, and will be glad to have the nurses call upon her there.

Closing of American Red Cross Convalescent Home for Nurses at Bay Shore, Long Island

After careful consideration of all the circumstances surrounding the conduct of this institution as a Convalescent Home for Nurses, the American Red Cross has decided to discontinue this activity with the expiration of the present lease April 30, 1923.

The primary object of the Home, when it was opened in 1920, was to afford a place where ex-service nurses might find under suitable conditions an opportunity to regain their shattered strength and morale. Hundreds of war-worn nurses have been restored to health through the care received at this institution, while many others, including duty nurses from the Army, Navy, United States Public Health Service, as well as nurses engaged in other activities, have been admitted when room existed. Gradually the number of ex-service nurses has decreased and the time has arrived when it would appear that the original purpose for which the institution had been opened has practically been fulfilled. The Red Cross has therefore reached the conclusion that it is not advisable to maintain the institution for a longer period.

Nurses who have benefited by a stay at the Home under the efficient and tender care of Mabel W. Fletcher, the Director, will probably always remember with grateful appreciation the associations established there. Letters expressing gratitude for the privileges afforded by the institution and the help they have received have been received from hundreds of nurses. The good accomplished has indeed been "exceeding great," and the Red Cross appreciates its privilege in being able to render this type of assistance to nurses who have needed it, and regrets quite as much as does the individual nurse, the necessity for discontinuing this activity.

Appointment of a Medical Advisory Committee

The American Red Cross has recently appointed an Advisory Committee on Health, which includes the following members: Surgeon General Hugh S.

Cumming, Washington; Dr. Herman M. Biggs, New York; Dr. William H. Welch, Baltimore; Prof. C. E. A. Winslow, New Haven; Dr. Franklin H. Martin, Chicago; Dr. Thomas S. Cullen, Baltimore; Dr. John H. J. Upham, Columbus; Dr. George Morris Piersol, Philadelphia; Dr. Frederic B. Lund, Boston; Dr. Livingston Farrand, Ithaca. This Committee has held two meetings, and has submitted a report in which it "heartily approves" of the present health activities of the Red Cross; viz., the Courses in Home Hygiene and Care of the Sick; Nutritional Programme; First Aid; Life Saving; the health phases of the Junior Red Cross programme, such as the development of personal health habits; participation in a school health programme and in community health programmes; the enrollment of properly qualified nurses under the Division of Nursing Service; the development of public health nursing in rural and semi-rural districts; the development and the standardization of training of public health nurses through loans, scholarships, subsidies, and coöperation on a national scale with such organizations as the National Health Council, for the purpose of furthering the coördination of voluntary public health activities.

This Committee also recommends the appointment of a Director of Medical Activities of the American Red Cross "of such capacity, experience and reputation as to command the respect and coöperation of Public Health officials and of the medical profession throughout the country."

The American Red Cross has long felt the need of a Committee of this character, and believes that in the appointment of such an one, its work will be greatly strengthened.

THE DELANO MEMORIAL

The fund for the memorial is mounting daily. Committees are actively at work, and there is every reason to assume that the desired quota will be reached. Some of the most interesting responses have come from the schools. For example: Junior students of the St. Agnes School for Nurses, Fond-du-Lac, Wisconsin, have each contributed ten cents; Intermediate and Seniors fifteen cents; graduates fifty cents; and a male nurse gave one dollar. The good will and democracy of a plan like this would have been pleasing to Miss Delano. The memorial will be truly a memorial to a great souled woman because it will represent the contributions of the many rather than of the few—of the obscure as well as the prominent.

Occasional letters say that the writers are uninterested because many sincere and hard-working women, imbued with a purpose quite as lofty as that of Florence Nightingale or Miss Delano, have given to the utmost but lie in unknown graves. These writers have failed to grasp the deeper purpose of the Delano Memorial which is definitely that of placing in our capital city where all the world may view it, an expression of the spirit of service which animates American nurses and which was so beautifully examplified in the life and the service of Jane A. Delano.

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. Carr, R.N., Department Editor
National Organization for Public Health Nursing

"PLAYING" FOR HEALTH

By Elizabeth Colz, A.B.

Courtesy National Tuberculosis Association.

KING GOOD HEALTH AND HIS AIDS

In a pageant held at Washington, D. C., 500 Modern Health Crusaders brought the message of health to an audience of nearly 20,000 children and parents. This movement which is sponsored by the National Tuberculosis Association and its affiliated agencies, has enrolled nearly 6,000,000 boys and girls who perform daily health chores and thus protect themselves against tuberculosis germs. The Crusade is partly supported by funds raised in the annual Christmas Seal Sales.

Health plays personify all sorts of intangible attributes to hygiene such as Tidiness of Hair, Cleanliness of Teeth, and Ears. Above are three Modern Health Crusaders impersonating King Good Health and his aids.

WHY is it that so many grown-ups are afraid to let themselves go? We are inclined to speak of dramatic instinct as if it were quite a remarkable acquisition to a person's accomplishments, as if the layman must go out and search for this possession through reading articles, listening to lectures, or seeing dramas. We stand in awe of dramatic power; whereas, in reality, everyone is born with the love of acting. If you do not believe it just watch the children in a kindergarten happily singing and acting out "Here's a ball for

baby." Yet as these very children grow older they begin to hold in their emotions, they put a coat of armor about their spontaneity, "even as you and I." To be sure, we have to try so hard to fill our own shoes, as we grow older, that we have little time to try to fill somebody else's. Yet when one is able to jump into some role other than his own, then is he capable of broader sympathies and the world for him has an enlarged horizon.

Every year, the value of acting, of visualizing through living in a land of imagination, has been realized more and more by educators. A history lesson will remain in the memory if, for instance, the incident to be learned is that of John Smith and Pocohantas and the scene is acted out. The court scene in the "Merchant of Venice" will not soon be forgotten when parts are taken and the lines are given before the class by the respective pupils. There is no doubt but what "the play" has come into modern classrooms and it is here to stay.

A new use of the play, however, and one that is still just finding its way into the education of boys and girls, is in the field of health. The worth of producing health plays to enforce lessons in sickness prevention and in habits of hygiene is being understood more and more by teachers, nurses, and health workers. Since 1915, when the National Tuberculosis Association published a series of fifteen plays, the popularity of this method of teaching public health has been steadily growing. There are, nevertheless, opportunities for improvement and much demand for better and more plays to emphasize health.

Nurses have an unusual opportunity for promoting this pleasant form of health propaganda. Not only after they have gone into the field and come in contact with teachers and other health workers, but even while in their training schools, they may produce these plays. Amateur theatricals are always good fun and profitable. Yet when the effort of learning lines, devising sets, and designing and making costumes is put into a play with a worth-while lesson of health, the derived benefit may be doubled. Nurses, whether they are taking part or directing the play, may be enthusiastic coöperators for bettering the health play situation.

For practical assistance in the production of a health play, several general rules for the director are given. First, select a play to fit the occasion. A pageant, long and complicated, will not please an audience to be made up mostly of children, neither will a morality play. The time allowed for the production will usually be given, and it has been found that the short, lively play is more often the best to chose for the usual audience. It is easier to learn the lines and a play depending on its action, rather than on careful and trained interpretation of the lines, is simpler for the amateur. Short speeches have cues that are easier to "pick up" and one of the reasons why amateur plays so often drag is because the cues are not "picked up" quickly. In real conversation the person who is being addressed usually has his reply ready to follow up the speaker. Notice that at a tea party. If you haven't one ready the tea will be a bore! So will the play.

Secondly, in selecting a play have in mind those who are to take the parts. To be sure, real talent is often discovered

in unexpected places, but if the play depends on a character with a dancing part, or a decidedly leading part, it is better to have some special one in mind. It is always well to say you will have try-outs, then if the one assigned to a specific part is not good, her feelings will not be hurt when a change is made.

dirt, disease and germs. People want to see pleasant things, not ugly, in their Land of Let's Pretend.

Then comes the costuming. Let the players make suggestions here. Several minds together can work out something more original and ingenious, while the actor will be proud to be consulted and

Avaunt Villains! Jovial Mr. Milk drives away glum Mr. Coffee and trembling Tricky Tea. The applause and laughter that greeted the antics of this trio conceived by the Child Health Organization brought thrills of pleasure to those taking the parts.

There is much need for tact on the part of the director and it is always well to have one person as the recognized coach. Someone else may have charge of the costumes, another of dancing, another of music, but they will all work together as a committee with the coach for chairman.

Thirdly, have a play with a positive health message. There is enough to emphasize in sunshine, clean air and good foods, without unduly bringing out

will enjoy a chance to express his own ideas in his costume. The players will also be willing to put more effort into making them or in getting them made. The most charming costumes are oftentimes made of cheesecloth or crepe paper and have been designed and put together in a short time at little cost. Such a costume is the graceful one for "Sunshine," pictured in the Frontispiece. The suggestion of the rays in the headdress, the golden warmth of the color

and there you are! The effect is one of pleasing simplicity. In another illustration, two large bath towels serve to clothe Sir Scrub-well.

Finally, be ready to interpolate dances or speeches of local interest to give the play a more colorful atmosphere. If a character has learned an eccentric dance let that be introduced. If a speech about some local condition that can be appreciated by the audience comes to the mind of one of the players, he will usually receive applause for it.

Regarding the setting, little can be said save, Keep it simple. An out-of-door play needs little and even an indoor stage set can create imagination through one tree, a plain curtain or some effective twist of lighting. A cluttered stage is a bugbear to work on.

Speaking of bugbears, several technical problems that will confront the amateur coach come to mind. One is the grouping. Be careful that no one is standing in a straight line behind somebody else. Keep the voice up on the last words of the speech. The audience does not wish to make an effort to catch the ends of sentences. For gestures it is less awkward to use the hand away from the audience. Get in the habit of using the same gesture each time for a certain speech. For instance, also, if a person is to be a fat old man with his hands crossed on his stomach, in rehearsing keep his hands out there where his stomach will be. He will look funny, but he will live in his part better. Walks are important and can convey much. Beware of exaggerating, however, for that is one fault amateurs, and often professionals, delight in. Remember it is the first time the audience has heard the lines and they must be "put over." Then enforce on everybody who is on the stage that he is part of the picture. Whether he has anything to say or not he is playing a part and is hugely important in the big effect. That is one of the secrets of being a *true* actor. No matter how minor the part, he lives in the play with his whole heart. Therein lies the key to success for our Shakespeares, our Booths and our Maude Adams'.

Countless other hints and helps will probably come to mind, but these are some of the ways in which the amateur producer may make her actors and audience "play" for health.

Regarding the twenty-five health plays that were chosen out of a great number by a committee on health plays for the National Health Council it is necessary to say something. They should be an inspiration to others to write health plays and it is hoped that a larger list will be offered for recommendation in the near future. Of these, excellent imaginative pieces that may be given out-of-doors by grown-ups as well as children are: "The Magic Basket," "The Passing of the Littlest Pageant," "The Theft of Thistledown," and "Prince Caloric and Princess Pieta." "Nobody's Case" and "The Spirit of the Double-Barred Cross" are more elaborate and better for grown-ups. All of the above could be given by community or club groups as well as by nurses in training. Examples of indoor plays for older children are "The Jewels of Cornelia," "David and the Good Health Elves," "A Fantasy of Foods," and "The Adventure of Every Child." "The Health Champions," "The Mountain Meadow," "Milk Fairies," "King Good Health Wins" may be played out of

doors by children of various ages. For younger groups are "The Brushes' Quarrel," "Playing Visit," "The Magic Oat Field" and "The House the Children Built." "Pirate Percy and the Slovenly Sloop" is excellent for boys.

A circular describing the plays in full will be sent upon request to the National Health Council or to the National Tuberculosis Association, 370 Seventh Avenue, New York. The writer will also be glad to answer questions regarding any of these plays or their production. She will most of all be glad to receive manuscripts for any new health plays and will welcome an opportunity to help enlarge and better the health play field in any way possible.

SUMMER SCHOOLS FOR PUBLIC HEALTH NURSES

Some announcements of schools offering summer courses in various phases of public health nursing have been received in the office of the National Organization for Public Health Nursing. Full information of the courses offered can be obtained from the Director of these Public Health Nursing Departments. Next month we hope to publish a list of additional schools offering special programmes during the summer.

University of Iowa, College of Medicine, School of Public Health Nursing, Iowa City, Iowa—Six weeks, special emphasis on child hygiene direction. Helena R. Stewart, Director.

University of Michigan, Ann Arbor, Michigan—Four months. Two months theoretical work at Ann Arbor, June 25-August 17. Two months field work in Detroit and environs arranged in two sections, the first section April 30-June 22; second section, August 20-October 12. Mrs. Barbara H. Bartlett, Professor of Public Health Nursing, Room 329, National Science Building.

University of Minnesota, School of Nursing, Minneapolis, Minn.—Six weeks, June 26-August 3, special programme of Maternity and Infant Hygiene. Anna Jones, Director.

Columbia University, Teachers College, New York City—Six weeks, Theoretical work, general public health nursing programme. M. Adelaide Nutting, Director.

Western Reserve University, School of Applied Sciences, 2739 Orange Avenue, Cleveland, Ohio—Four months field work as one-half complete course. A. Elizabeth Dines, Director.

University of Oregon, Portland School of Social Work, Portland—Six weeks. Health Education on School Nursing programme, theory and practice. Elnora E. Thomson, Director.

Pennsylvania School for Social Service, Department of Public Health Nursing, 339 So. Broad Street, Philadelphia, Pa.—Six weeks, beginning June 15. Lecture course for nurses already in public health work in subjects especially relating to school nursing. Four months field work (including lectures) beginning June 1. Harriet Frost, Director.

George Peabody College for Teachers, Department of Public Health Nursing, Nashville, Tenn.—Three months, June 11-August 31. General Public Health Nursing subjects. Abbie Roberts, Director.

University of Washington, Seattle, Washington, College of Science, Department of Nursing—Six weeks or three months, beginning June 20. General Public Health Nursing courses with special emphasis on nutrition aspects of nursing work.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

HOSPITAL STANDARDIZATION

BY AMY M. HILLIARD, R.N.

(*Continued from page 501, March Journal*)

WARD UNITS

IF good nursing work is expected on a ward and conservation of time, energy and money effected, the ward unit must be planned with these considerations in view and each service segregated.

Every ward unit should consist of the general or public ward, a smaller private ward, and a series of rooms where certain patients may be isolated. The bathroom, toilets and utility room should communicate, and provision should be made to allow for the easy entrance to this room of wheel chairs. If such a room opens into the middle of a ward rather than at the end, much quicker bedside service can be given. The linen closet may be in the room for surgical and medical equipment and the toilet for nurses may be less obtrusive here than elsewhere. The pantry and dining room for patients should communicate. The chart office should have visual control of the ward and of the small room where very ill patients may be transferred from the ward. A central clothes room eliminates confusion and the necessity for separate clothes closets on each ward, but unless such a central room is in charge of an admission clerk, enough time of students can be wasted in the admission and discharge of patients to offset any economy of space through centralization.

In order to have complete standardization of procedures and equipment, each ward unit should be a facsimilie of every other unit. The students should be taught in a class room built as nearly like a ward as possible and equipped exactly like it. They should be able to go to any ward in the hospital and find a certain supply or piece of equipment in the same relative place. This conserves time, eliminates repetition of instruction, and enables the student to use her energy to better purpose than hunting about for elusive equipment. Each supervising nurse should understand that any initiative on her part towards changing the position of supplies (except such changes as may be adopted as a result of faculty conferences) will not be tolerated by the administration, as it is a great injustice to students to expect them to adjust their work to the whims of as many supervising nurses as may be in charge of departments of a given hospital.

SCHEDULE OF WORK

Planning schedules of work for each department will call for complete understanding and coöperation between the Principal of the School of Nursing and the Superintendent of the Hospital,

as the Principal of the School of Nursing must act for the Superintendent in the supervision of the work, not only of student nurses, but of the ward employees. Unless a supervising nurse is held responsible for every person working in her department, there is immediate overlapping of authority and friction.

The work to be done by each supervising nurse, student nurse, ward helpers and employee should be clearly defined. The Principal of the School of Nursing should, when appointing a graduate nurse, make it very clear to her just what her duties will be. It is a great mistake to leave them to her own imagination. Moreover, it is unfair to physicians, patients, students, and employees, as well as to the heads of all departments with which she will come in contact. A slate in the chart office is a simple way to present the duties of senior, sub-senior, intermediate, junior and preliminary students. It does away with indecision and fixes responsibility for faulty technic, untidy beds, etc.

Each ward should have a loose leaf manual with an outline of the duties of student nurses, and employees, as well as outlines for procedures and an inventory of all ward equipment.

Standardization of Procedures

1. Daily routine of ward work, resident physician, attending physicians and surgeons, nurses, and employees.

2. Duties of senior, sub-senior, intermediate, junior and preliminary students.

3. Duties of 2-11 p. m. nurses.

4. Duties of night nurses, 11 p. m.-7 a. m.

5. Duties of orderlies, hours on duty, hours of relief, by whom supplied.

6. Duties of ward maids and ward porters. Clear line of demarkation drawn to prevent friction.

In the standardization of procedures, consideration must be given to the number of patients to be cared for, the number of nurses and employees to render such service, the distances to be covered, and the total amount of time available. There is no sense or justice in teaching any student a procedure in the class room which, for lack of time, would be humanly impossible for her to carry out in practice. What profit is it to teach a student to scrub her hands 15 minutes for each catheterization and then put her alone on night duty on a ward of 30 gynecological or maternity patients? Standardization of procedure should make for the elimination of all equipment except that absolutely necessary for such procedure and of all movements, except those absolutely necessary to accomplish it.

I have seen students taught the most time-absorbing methods of procedure, from taxing their brains as to whether a sheet is to be folded in accordion pleats or left as it comes from the laundry, to whether the towel should occupy the right or left side of the tray, and then put on night duty alone on a ward of 30 to 40 patients with neither towels nor sheets in supply.

We have learned much from the newly considered science of motion that we can apply to advantage in conserving the time, motion, and energy of student nurses in their performance of nursing duties on wards. Finished nursing can be best accomplished by the greatest simplification of practical nursing

procedures, for it is only reasonable to suppose that if a student nurse learns in the class room to make a bed in three minutes, she is going to take pride in doing this on the wards; but if she is taught to fuss over innumerable and unimportant details, she will be likely to do the same on the wards and, when left to her own devices, (for nobody will be able to supervise every minute of her time) she will not always have good judgment as to what to do and what to scrap when confronted with a certain schedule of work and a third of the time for doing that would be necessary in order to carry it out according to instruction.

What has been said of nursing procedures applies just as potently to all ward work such as sweeping, scrubbing, etc. If the students have a time limit within which all beds must be made, in order that the floor may be swept by the maid, and if the maid is required to clean her pantry and stack her dishes in order that the ward may be swept before the time for rounds for physicians, the result will be clean, orderly wards and dignified medical and surgical rounds when all attention is focused on patients.

The following are a few of the procedures that must be standardized if harmonious action is expected on wards:

1. Admission of patients to

a—medical, surgical, pediatric, orthopedic, obstetrical, eye and ear, nose and throat, communicable disease services. b—Work of admitting clerk; admission card, chart, valuables, financial responsibility slip, notification of relatives in case of accident, etc. c—Ward work of admission, temperature, pulse, respiration, bath, inspection of patient for abnormalities or uncleanliness, care of clothing. d—Standing orders for preoperative, medical, etc. e—Charting patient's condition.

2. Discharge of patients: a—Only on written order. b—Consultation with social worker. c—Checking clothes and valuables. d—Accompanying to office. e—Payment of bill.

3. Transfer of patients to other institutions, etc.

4. General orders:

a—Medical and surgical procedures. b—Medications, narcotics, alcohol, etc. c—General and special diets. d—Enemata—douches. e—X-ray, pathological laboratory, hydrotherapy departments.

5. Emergency in extremis, etc.

6. Duties of orderly.

7. Duties of ward maid.

8. Duties of special employees.

9. Duties of house physicians.

10. Duties of attending physicians, etc.

Standardization of Equipment

The class rooms should be planned like the ward unit, the number of beds and amount of equipment depending on the number of students to be taught; five beds is a good minimum for a class of 20, which should be taught in two sections.

There should be complete ward equipment in the class rooms for the number of beds provided for teaching. This equipment, to its minutest detail, should be identical with that in use on wards. Care should be given to the placement of ward equipment in order to save time, space, and damage to equipment. To illustrate,—if a basin is provided and is marked with black paint, "stupe," M. S. W., and if this basin is kept in

reasonably close proximity to the gas or electric stove where stupes are heated, it is not likely that nurses will walk across the hall or to another room and ruin a face basin or surgical dressing basin by boiling stupes in them. If a specially shaped basin is kept for washing medicine glasses and is marked with black paint for the purpose, you can rest assured that a surgical dressing, face or enema basin will not be substituted for the purpose. Buy a different sized and shaped basin for each different purpose and equip all wards exactly the same and with identical equipment, kept in relatively the same places throughout the hospital.

Keep all old equipment (if it does not leak) for patients on "precaution" and plainly marked for the purpose.

If your ward is standardized for 6 bed pans, 20 wash basins, 10 bath basins, etc., arrange so that when any patients are put on "precaution" each will have an extra set of equipment, isolated from the others, so that the nurses will have their full quota of equipment for use at all times and not have half of it tied up for two or three patients. Old equipment serves admirably for this purpose and may be kept either in a patient's room or in a special cupboard in utility room.

When standardizing equipment for private rooms, provide reasonable equipment for the special nurse instead of railing at her for running all over the hospital and appropriating whatever she may need, wherever she can find it, thereby putting students in the disagreeable position of reporting the loss, and fixing the responsibility. Try equipping each private room with everything the nurse or patient will need and charge for everything missing when the patient is discharged. The economy will reward you.

If each washstand contains towels, face cloth, emesis basin and rubber, bed pan and cover, buttocks basin and towel, back wash, mouth wash and talcum, and if each bedside table has a thermos bottle and tray, a cup, saucer, plate, spoon and napkin, it has been my experience that special nurses are grateful, coöperative, and very happy to find that common sense instead of complaints seem to emanate from the administration.

Try it, the initial cost is more than offset by the economy effected and the improved morale and *esprit de corps* of students and graduate nurses.

Standardization of Supplies

The standardization of supplies controls not only the kind of supplies to be used, but the quality and quantity of such supplies. There should be weekly order books for surgical, stationery and household supplies and daily drug orders, diet slips, linen orders, surgical dressing orders, etc.

The best way for the superintendent to check up the various departments is by morning reports from each. This will require time, but it must be invested if the best results are to be obtained. I have found the best routine in this respect is to have the night report given directly by the night supervisor to the Principal of the School of Nursing at 7 a. m. sharp. No one but the Principal of the school can have as much authority in getting the heads of the nursing departments on duty sharply on time. The housekeeper and dietitian should also be on duty at 7 a. m. The Superintendent should be on duty, ready

for breakfast, not later than 8 a. m. She should receive reports from the various departments in about the following order:

1. Night report from assistant or Principal.
2. Admission and discharge cards and condition of accounts by bookkeeper or admission clerk.
3. Report from housekeeper (absence of employees, supplies needed, condition of house, etc.).
4. Report of dietitian; daily menus, orders for special diets, groceries, meats, etc.
5. Report from engineers.
6. Report from pharmacist, etc.
7. Report from house physician concerning chart, etc.

Dietary Department

Theoretically speaking, this department should be under the supervision of a dietitian. I regret to say that the department is usually better administered by an experienced housekeeper. Very few dietitians are good housekeepers or are able to teach or discipline employees successfully. It does not follow that because a young woman has graduated from a school of domestic science that she is competent to run a dietary department. It is not quite fair to expect it of her, however competent she may assume to be. I could write volumes from my experience with well recommended but absolutely incompetent dietitians. Their teaching does not prepare them for administrative positions any more than nurse training fits every graduate nurse for the administration of a hospital. The head of the dietary department should be responsible for requisitioning, preparing and serving food, and teaching students. She should supervise and be responsible for not only the diet kitchen, general kitchen, bakery, food refrigerators, grocery supplies, but for the preparation of menus and service of food to all patients, nurses, and employees, and for the care of employees' and nurses' dining rooms. Unless she has had experience in the preparation and service of well balanced and acceptable menus and is a good supervisor of her department, there is sure to be complaint of poor hospital food and uncleanliness.

Housekeeping Department

This department should be in charge of a competent housekeeper, preferably a graduate nurse. She should have charge of the requisitioning of all household supplies to be purchased by the Superintendent. Furthermore, she should have supervision of and be held responsible for the dormitories for employees and for the cleanliness of all departments of the hospital with the exception of ward units. She should engage, teach, and discharge all employees and have complete authority over them wherever possible. The laundry and linen rooms should be under her direction.

Department of Medical and Surgical Supplies

The Assistant Superintendent should have charge of the distribution of all such supplies after their requisition has been approved by the Superintendent. The supply room should be so organized that the supply of stationery, glassware, enamelware, rubber goods, operating room supplies, cotton, gauze, etc.,

should each have its section. The wards should be given an outline of the sequence in which such supplies should be ordered. This conserves time in distribution and prevents forgetfulness in ordering sufficient supplies to carry the department and thereby obviates the habit of borrowing. Such supplies should be requisitioned once a week only. Replacement should be made whenever necessary.

Clerical Department

The clerical department should include a bookkeeper, a stenographer, a historian, and two telephone operators. The chief clerk or bookkeeper should see that all bills for supplies have duplicate orders attached and that they have the approval of the head of the department for which they were purchased,—(housekeeping, dietary, surgical supplies, engineering, laundry, etc.) After such approval, vouchers should be attached and presented to the Superintendent for auditing. A special committee from the trustees should audit bills after their approval by the superintendent, and vouchers should then be sent to the treasurer for payment. The chief clerk should report daily to the superintendent concerning non-payment of bills by patients. She should admit patients, see that financial responsibility slips are signed and that full records appear for each patient on the admission cards. She should keep all hospital statistics.

Engineering

The engineering department should have both day and night engineers and firemen, and at least one employee who will be competent to make emergency repairs in the steam, hot water, electricity, refrigeration and plumbing equipment of the hospital. The chief engineer should requisition all coal, oil, ammonia, waste, and other supplies necessary for use in the engine room. These will be ordered by the Superintendent.

Grounds and Roads

The care of grounds and roads should be under the supervision of a joint committee from the Board of Trustees and Board of Woman Managers. The best results in planting are obtained if a definite landscape gardening plan is followed. If there is any considerable length of road bed, it should be given very careful and expert consideration so that a fairly permanent surface will result.

WAR NURSES HONORED

Distinguished Service Medals were awarded on March 13 to twenty-one nurses who had served during the World War, as follows: Lillian Aubert (deceased), Cecelia Brennan, Katherine Brown, Sophie M. Burns, Reba G. Cameron, Mrs. Alice H. Flash, Annie W. Goodrich, Carrie L. Howard, Grace E. Leonard, Sayres L. Milliken, Jane G. Molloy, Edith A. Mury (Mrs. Kershaw), Adele S. Poston, Maria B. Rhodes (Mrs. Clarence Cash), Blanche S. Rulon, Lillian J. Ryan, Mary E. Sheehan, Nena Shelton, Katherine Sinnott, Ethel E. Sweet (Mrs. Theodore Falconer), Mrs. Lynnette L. Vandervort.

STUDENT NURSES' PAGE

OUR FIRST TWO MONTHS IN TRAINING

By Grace P. Knowlton and Dorothy Jane Livingston

MORE than two months have passed since we came to the Army School of Nursing at Letterman General Hospital, San Francisco. Before we arrived, we were impressed with the fine spirit existing in the School as demonstrated by the letters each of us received from Junior students. They were very cordial, gave helpful hints about our uniforms, and the writers offered to meet us at the Ferry Building upon arrival. These letters made each of us feel that we were welcome and linked the distance between home and Letterman.

Some of the students were met by ambulances at the dock and others, who came in advance, were guests at the hospital until the opening day of the fall class. The first day was not unlike a Freshman's matriculation at college. We met our fellow classmates who came from all points of the compass,—Washington, Illinois, Georgia, New York, North Carolina, Texas, California, and San Salvador. Every bit of hospitality was shown us and so much kindness bestowed upon us that homesickness through loneliness was forgotten. This day we met our Chief Nurse, had the required physical examination, took the Oath of Allegiance, and received a schedule of our classes. In the afternoon we attended an informal tea which was held for us, the Preliminary Students, where we met some of the Stanford University students who were interested in hospital work and who had come out to Letterman on an inspection tour.

During the first two months no ward duty was assigned, and we attended classes only, from 8 a. m. to 5 p. m. These classes were in the following subjects: History of Nursing, Ethics, Personal Hygiene, Setting-up Exercises, Anatomy, Physiology, Bacteriology, Bandaging, Practical Nursing, Hospital Housekeeping, and Cooking. The quiet hour for study is spent in the quarters or Reference Library between 7:30 p. m. and 10 p. m. and is always cheered by slipping out one by one to the bread and milk stand. Oh, it is so good!

Our practical nursing consisted of demonstrations and practice in bed-making of all types, admission of patients, care of patients, discharging of patients, and hospital housekeeping.

Poise and self assurance were acquired by four hours of daily practice in Nursing Arts in the classroom, before starting the ward duty. One certainly does not go blindly into unknown work and methods when the foundation has been thoroughly laid.

During the first two months we learned Hospital Housekeeping to the last degree. Inspection tours were made of all departments in the hospital, the Medical Supply, Laundry, Wards, Kitchens, and Power House. In fact, nothing was missed. After each tour, each student wrote a paper giving description, plan of operation or supervision, and offered any criticisms or suggestions which she considered would aid in bettering that department.

Every Saturday morning, inspection

of the entire hospital is made by the Commanding Officer and the Chief Nurse. On one particular Saturday morning we accompanied them. It was a momentous occasion, the Colonel having in attendance the Chief Nurse, an aide, the sanitary officer, and an orderly. The latter was the instigator of much discussion among us, whether the word was "Attention!" or "Inspection!" with which he heralded the procession, as all we could get was "Shun!" You can well imagine how important we felt, mere blue-uniformed Preliminary Students accompanying such people of importance on inspection. In fact, WE inspected and afterwards handed in a report to the Colonel and Chief Nurse. This inspection took two hours, two hours of criticising the order and cleanliness of the wards, diet kitchens, linen rooms, utility and bath rooms, at the end of which time we were all in a state of collapse due to dignity fatigue.

As to something of our life outside of classes,—our first Sunday was a free day for all students. The Juniors had planned a picnic across San Francisco Bay. We started about 9 a. m. with ample provisions, crossed the Bay in a Government boat and were met by an Army truck which took us two or three miles over hills and through tunnels until we reached the ocean. It was a glorious day. After rambling around for an hour or two the chopped bacon and scrambled eggs with coffee and buns tasted the best ever. After a rest, and when the picnic housekeeping was completed, a few of us walked to the great lighthouse that helps to guard beautiful Golden Gate. At 4 p. m. the truck called for us and gaily we returned to the hospital, each declaring it a perfect day.

The Nurses' Clubhouse has been the site of many a joyous party. It is a splendid recreation building where we may have music, dance, play pool or cards, and read. There is a good-sized library to which all have access, supplied with good books, the popular magazines, the *American Journal of Nursing*, *The Public Health Nurse*, and *Modern Hospital*. Every morning from nine to ten-thirty we may have coffee and toast here, and afternoon tea from two-thirty to four-thirty. In our own dining room, which is separate from that of the graduates, we may have guests at any time for meals. We have two very good tennis courts, many delightful walks along the beach to the old Spanish Fort and to other points of interest, and there is a fine swimming tank at the Y.W.C.A. We had opportunities to avail ourselves of all of the above recreation during our first two months as well as at the present time, and we surely took advantage of them.

Regardless of necessary strict criticisms from our instructors, and concentrated and conscientious application to study and work, no one pined away in flesh or thought. All hope for the realization of a preliminary student's dream,—HER CAP.

TOO LATE FOR CLASSIFICATION

Ohio: The annual meeting of the Ohio State Association of Graduate Nurses will be held in Akron, May 3 and 4.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

APPRECIATION

DEAR EDITOR: I wish to express my appreciation of the very enlightening article written by Miss Muse on Stimulus-Response Bonds. I wish we could have more of this.

R. G.

WHO CAN ANSWER THIS?

DEAR EDITOR: Can you tell me if nurses employed as anaesthetists are required to comply with state registration laws if working outside of the state in which they are registered?

Ohio

M. F. B.

"WHEN SAW WE THEE SICK?"

DEAR EDITOR: Very recently in our town there have been two cases of contagion which could not be received at the Isolation Hospital on account of lack of accommodation. The first case was a woman who lives alone in one of the apartment houses, and it was only after considerable effort that we finally persuaded a little Italian practical nurse to go and take charge of the case. The second case was one of Scarlet Fever and, to me, one of the most pathetic I have encountered in my work. The patient was a desperately sick baby girl of 15 months. Her mother was attempting to care for her, as well as look after the new baby. For over twenty-four hours we tried locally and out of town to get a nurse, and although there were some who were available, as soon as they heard what the case was, they declined. If they could only have seen that poor mother sitting beside the little sufferer's bed, trying to feed her with one hand, while she held the baby with the other, trying to nurse it, I am sure they would have relented and have come to her assistance. Finally, after some persuasion, we again got the Italian practical nurse to go in and help. The nurses seemed to think they could not afford to lose the time which would be required after they had left the case before taking another, and this leads me to wonder if we are not allowing the mercenary side of the work to blind us to the high ideals of our profession.

Connecticut

J. M. R.

"UNDAUNTED"

DEAR EDITOR: In the February *Journal*, L. C., of Indiana has asked for some expression about the nurse who took the State Board examination after being out of the work for fifteen years. I wish to extend my congratulations to this nurse, I can fully appreciate the courage required to do this. My own experience was much like it. Graduating in June, 1895, married in August, 1895, before state registration was established, I was not registered. Until the World War came, I had been engaged in the peaceful occupation of household duties and bringing up my boys, with no nursing activities otherwise. When the war came, I felt that the service of every nurse was a moral obligation, and if they were prevented from serving by reason of age or circumstance they could be a second line of defense to take the place of some younger nurse who was free to go wherever called. This would release many more, and all were needed. With this in mind, and anxious to serve with the Red Cross, (it was at that time necessary to be an R.N.) I applied for and took the State Board examination in 1918, having been out of nursing twenty-three years. It was up to me to prove my love of service and of country on a very slim possibility. I argued that it was no disgrace to do one's best and fail, but to neglect a possible opportunity would be an acknowledged defeat. So after work by day, and study by night, to grasp everything helpful, I took the State examination (Missouri), passed with a grade of 87 per cent, and became a Red Cross Home Defence Nurse. My service was not what I had hoped or planned it should be, but a younger nurse whose place I took in Visiting Nurse work was released to go overseas. It was necessary that my service be in St. Louis, as my husband had already gone as a Surgeon in the Army, and my older son to the Navy, leaving another son in school, and our home to hold together. Now the War is over, let us hope forever, and my nursing activity for the present is finished, but I shall continue to stay an R.N. and retain active membership in the N.O.P.H.N as a "preparedness" measure. This personal experience is to point a moral and

adorn a tale. Never give up your nursing interest; your fees help to float the work and your moral support to steady it. When old age creeps on, we can still lend a hand in the spirit of the newsboy who tried to show his appreciation for a good Thanksgiving dinner by eating on and on, until at last he announced with a sigh of triumph, "I can still chaw, even if I can't swallow."

Missouri D. S. S.

STUDENT FRIENDSHIP FUND DRIVE

DEAR EDITOR: The drive for the Student Friendship Fund, at Farrand Training School, Detroit, was the most thrilling event we have had for some time. In November, Margaret Quail, who has been in Europe as a Social Service worker helping to administer the Student Friendship Fund for three years, told us of her experiences and of the great need for help. She spoke especially of the poverty and preverance of the students of Russia. Her story of their poverty and pride, poor nourishment and great ambition so deeply touched the heart of every listener that one student nurse offered to give $50 to the Fund if the rest of the students would raise $200. Before the meeting closed plans were made to raise money. Our House Mother, with a committee of representatives of each class, arranged a week of stunts, as follows: Probationers,—Jitney Carnival; January and April Sections, '25,—Thanksgiving Frolic; January, '24,—Dance and Sunday Breakfast; April, '24,—Tea, Fancy Goods Sale, and Sunday Breakfast; September, '24,—Tag Day, Beauty and Shoe Shining Parlor; Seniors,—Candy Sale. All are rejoicing over the success of the Drive for we have $433.04 to send to the student nurses in Moscow. The committee is happy because of the hearty coöperation of every person both at McLaughlin Hall and at the Hospital.

Michigan G. M.

"BACTERIOLOGY IN A NUTSHELL"

DEAR EDITOR: With regard to Bacteriology in a Nutshell,—Reid, a review of which appeared in the February number of the *Journal*. This well known primer for Junior nurses is in the *Tenth Edition*, which fact surely bears evidence of its usefulness as a textbook. It has been fully revised a number of times, although from a perusal of the review, one gains the impression that the present edition is identical with the one published in 1904; yet at that time the book contained 110 pages, now it has 323. In each edition published it has been the aim of the author to embody in that edition matter, either instructive or interesting, that has developed along bacteriological lines since the preceding one. A brief introduction to each edition is retained in the initial pages of the present book and these constitute the "numerous prefaces of the book" to which your review refers. In this review *just one sentence* is quoted from the introduction to the Fourth Edition on page 7, viz., "Teachers agree that much laboratory work is unnecessary for the average pupil nurse"; quite ignoring that *on the same page and in the same paragraph* it is advised as follows: "If you are so fortunate as to have a sensible, enthusiastic bacteriologist in charge of your laboratory, have your pupils serve a term in the laboratory just as they do in all other departments of the hospital." In the same introduction, on page 8, practical laboratory demonstrations are touched upon, of which every pupil nurse should have a good working knowledge, and even at that date, 1910, *when the quotations referred to were written*, our pupil nurses in training were obtaining this knowledge in our hospital laboratories. Only the difficult laboratory tests that have taken men of science "years to evolve and perfect" were at that time considered "unnecessary for the average pupil nurse." Many of our best teachers in training schools still hold the opinion that this part of laboratory work should not be "compulsory" and also, another quotation from page 9, that: "Teaching the simpler laboratory work comes within the province of the superintendent of nurses, the head nurse or the instructor, the more difficult part belongs to the bacteriologist." When from far off China came the request for permission to translate Bacteriology in a Nutshell into the language of that country for the use of Chinese pupils in training schools, the letter contained this paragraph: "While the translation will be of no financial benefit to you (we sell all of our textbooks to pupils at cost), yet it is an honor, which you will appreciate, to know that your book has been

given preference over a number of others on this subject, etc." When the translator was in this country on a furlough, about two years ago, she wrote again of its value and sent two copies of the Chinese edition. On the cover, *in English*, appeared the title, author's name, the name of the translator, and the acceptance of the book for the use of Chinese student nurses in training by the Nurses' Association of China. From the letter of a Superintendent of Nurses in a Southern hospital the following quotation: "Bacteriology in a Nutshell is a valuable handbook for junior nurses. The subject matter is well classified and treated in language that can be easily understood and readily assimilated. The marginal annotations define and emphasize at a glance, the subjects treated by clearly stated paragraphs. Practical and sensible points in hygiene for the nurse, are carefully explained and her duties set forth on the ethical side of her profession. The supplement on Serum Therapy adds valuable information to a book containing much meat in small compass." Another good word from a Superintendent of Nurses in a hospital in New York State: "The Supplement to your good book is a most valuable addition. I am so interested in the serums and am glad to have all of the work under one cover. My Senior nurses are eagerly studying the Supplement in the Junior's book." Again from the Superintendent of Nurses in a far Western state: "We consider it the best book on the subject published for nurses. Our bacteriologist, who is, also, bacteriologist in the University, teaches the subject to our nurses. He recognises the unusual merit of your book and recommends it to all nurses. He is a graduate of Bellevue, New York, Medical College. This is a 700 bed hospital." A Superintendent of a New Jersey hospital writes: "Our pupils are delighted with the book. It should be more widely advertised; pardon the suggestion, but I believe in passing a good thing along." Some little time ago, a bacteriologist in one of your big eastern cities, wrote to suggest that "Bacteriology in a Nutshell . . . is a most instructive book for nurses and, in my opinion, it contains sufficient carefully prepared matter for first year medical students." (This is a laboratory man connected with one of the large college hospitals.) In concluding a letter on the subject of a new serum which he has discovered and used with marked success, a prominent New York physician just a few weeks ago wrote: "You are the author of Bacteriology in a Nutshell, are you not? Let me congratulate you. It is one of the best textbooks for nurses on the subject, of which I have any knowledge." These are extracts from letters of *absolute strangers*. Many others might be mentioned, all from strangers, but they are hospital training school superintendents, laboratory workers, bacteriologists and instructors, none of whom are connected with hospital training schools for "attendants," yet they use Bacteriology in a Nutshell in their work and recommend it to others because they *seem* to find it of value as "a textbook" and not because of "its simplicity and historical notes" alone, or as a reference book. Here in West Virginia, especially in Charleston, where in recent years the author has been on the teaching staff of one of the best training schools, many kind references to its value as a textbook are still received, not only from laboratory workers and "instructors" but from those who consider the book good enough to use in connection with their lectures to pupil nurses.

MARY E. REID, R.N.
Charleston-on-Kannawha,
West Virginia.

FROM A NAVY NURSE

DEAR EDITOR: "When the War is over and the fighting is done, why stay in the Service?" This I have often been asked. Sometimes it has been intimated that there are no good reasons if one can make a living on what the "gobs" call the "U. S. S. Outside," and therefore I'm going to give my reasons for staying in the Navy Nurse Corps. First, don't think because you were in the Army Nurse Corps during the War that you know all about the Navy. The two are as much alike as our own "P.H." and Bellevue. The Navy Nurse Corps is small, almost like one big family; everywhere you go, you find people with whom you have been shipmates before. Besides, the U. S. Navy has hospitals in the Philippines, Samoa, Guam, the Hawaiian Islands, Haiti, the Virgin Islands and Yokohama. If you have the "wanderlust" it is

pleasant to think of all the places to which *orders* may send you, and of the old friends whom you will find already there; also to know that wherever you go, living quarters and food will be of the best; and that generous leave allowance gives time to see everything of interest in that country and adjacent ones. All our nurses in the Orient visit Japan and China and some visit Australia, during a period of leave of absence. A few have saved their pennies and have come home by way of India and Europe. The Navy flies its own "ferry service" from the East to the West Coasts and across the Pacific. The transports always carry nurses, some transferred to other stations for duty, some on duty for the trip. Navy Nurse Quarters everywhere are as comfortable as our own home at "P.H."; the food and service are better than I have ever seen in any training school. If ill, we have a room in Sick Officers' Quarters, just like an Admiral. Sick leave, while convalescing, is not deducted from our annual thirty days' vacation. And our work? There are three *watches*, 8 a. m. to 3 p. m.; 3 p. m. to 10 p. m.; 10 p. m. to 8 a. m. When we are off duty, we are through for the day. There is no hurrying back. Night duty averages one month a year,—a night duty that begins at ten when the lights have been out an hour. The nurses must not only care for the critically ill in the Navy but also are required to teach and demonstrate nursing knowledge to the members of the Hospital Corps. There are also special details, such as Operating Room, X-Ray work, Laboratory work, Dietetics, Physiotherapy and Instruction; mine, for over a year, has been teaching at the Hospital Corps Training School on Goat Island. Did you know that there is a Training School for men here in California, where graduates at the end of their four years' enlistment are eligible for state registration? The Navy must have trained men to care for its sick afloat as well as ashore, in peace as in war. Some of the smaller ships, such as destroyers and submarines, do not carry medical officers, so the pharmacist in charge of *Sick Bay* must be able to do what is needed until his patients can be transferred to a shore hospital or a hospital ship. The hospital ships carry nurses, and a detail aboard one is much coveted by all who are good sailors. All men enlisting in the Hospital Corps are sent at once to the Training Schools. They have classes daily from nine until four; Nursing, Materia Medica, Pharmacy, Anatomy and Physiology, Dietetics, First Aid, etc. During their last month, they have practical experience in the ward, drug room, and laboratory. From here they go to the hospitals and later to sea. I have never enjoyed anything as I do teaching my boys; they are a constant joy and inspiration. I wouldn't exchange them for the finest lot of *probies* anywhere. If any of you are ever in San Francisco, I'd like to show you our school and the Sick Bay in the Island (no nurses there), but everything is spick and span and shipshape. If any of you would like more information about the Navy Nurse Corps, I shall be glad to give it. I love my work and the service life and am very glad of this opportunity to say "Come on in, the water is fine."

California — HELEN S. WOOD
Nurse, U.S.N.

THE HEART OF THE ART

DEAR EDITOR: Nursing is a calling for both men and women, as sometimes a man is needed where a woman cannot handle the hard cases, such as alcoholism and melancholy. Every nurse must have a kind heart and try to please everyone in the home. Though young, I am having the best time of my life in following an occupation which will be of some use to the world and to myself. Simple clothes, strong nerves, common sense, self control, a light step, a low voice, a merry smile,—all these are an aid to employment. Many nurses want too much waiting upon. We should wait on ourselves, be thoughtful of expense, and endure hardships.

New York. — H. G. C.

JOURNALS ON HAND

Edith Jackson, 49 St. Luke St., Montreal, Quebec, has copies of the *Journal* for 1920, 1921, 1922, which can be had on receipt of postage.

Grace Randall, 5955 Midway Park, Chicago, has copies of the Journal for 1921, except April and July; and of 1922, which may be had for mailing charges.

NURSING NEWS AND ANNOUNCEMENTS

THE AMERICAN NURSES' ASSOCIATION

The secretary of the American Nurses' Association, Agnes G. Deans, requests the editors of bulletins published by alumnae, district or state associations, to place the Headquarters (370 Seventh Avenue, New York) on their mailing list. The information and news contained in these bulletins would be much appreciated by the representatives of the three national organizations. Ada Belle McCleery of Evanston, Ill., was appointed delegate to the American Conference on Hospital Service which met in Chicago, in March.

NURSES' RELIEF FUND

REPORT FOR FEBRUARY, 1923

Receipts

Balance on hand		$12,653.00
Interest on bank balance		3.04
Interest on bonds		45.00
California: District 1, $9; District 2, $78; Dist. 5, $49.50; Dist. 9, $62.89; Dist. 12, $12		211.39
Central America: One individual, Honduras		10.00
Colorado: Graduate Nurses' Assn., $40.50; Colorado Training School, $58.50		99.00
Illinois: District 1		6.00
Kansas: State Nurses' Assn., $45.50; Bethany Hospital Alumnae, $10		55.50
Massachusetts: Worcester City Hospital Alumnae		25.00
Michigan: Dist. 1, $8; Dist. 4, $4; Farrand Training School Alum., $8; Blodgett Memorial Hospital Alum., $12.50; one individual, $1		33.50
Minnesota: Dist. 2, $17; Dist. 4, $1; Asbury Methodist Alum. Assn., $9		27.00
Montana: District 5		40.00
New Jersey: Dist. 5, $36; Dist. 6, $6; individual member, $1		43.00
New York: Dist. 13, $13; Roosevelt Hospital, Alum. Assn., $50; Troy Hospital Alum., $25; St. Joseph's Hospital Alum., Syracuse, $14		102.00
Ohio: Dist. 3, $10; Bethesda Alum. Assn., $25; School of Nursing & Health, University of Cincinnati, $25		60.00
Oklahoma: State Nurses' Assn., $27; Dist. 3, $26; individual members, Shawnee, $15		68.00
Pennsylvania: Carlisle Hospital Alum.		10.00
Territory of Hawaii: Nurses' Assn.		52.75
Utah: Salt Lake City nurses		17.00
Wisconsin: Individual member		1.00
		$13,562.18

Disbursements

Paid to 32 applicants for February	$525.00	
Postage	21.50	
Printing and stationery	24.25	570.75
Balance, February 28, 1923		12,991.43
Invested funds		$59,250.00
		$72,241.43

V. Lota Lorimer, *Treasurer.*

All contributions for the Relief Fund should be made payable to the "Nurses' Relief Fund" and sent to the American Nurses' Association, 370 Seventh Ave., New York. Requests for leaflets should be sent to the Secretary of the American Nurses' Association at Headquarters. For further information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York.

NATIONAL LEAGUE OF NURSING EDUCATION

The National League of Nursing Education will hold its annual meeting at the New Ocean House, Swampscott, Mass., June 18-22, inclusive. Swampscott is only a few miles out of Boston and the New Ocean House is one of the finest summer hotels on Boston's North Shore. Room reservations may be made by direct application to the hotel. Rates will be from $7 to $10 per day, American Plan.

The chairman of the Programme Committee, Sally Johnson, Massachusetts General Hospital, Boston, submits the following tentative outline for the programme. She will be glad to have suggestions from superintendents.

instructors, and others, particularly topics for round tables, and questions for the question box.

A. Mental Nursing, one Session, in charge of Helen Sinclair.

B. Pediatrics.
   1. Affiliated Courses
   2. Relation of Child Psychology to Pediatrics
   3. Care of the Child in Public Health
   4. What Constitutes the Preparation of a Nurse Who is to Care for Children
   5. What the Pediatrician Requires from the Nurse Caring for Sick Children

C. Session in charge of the Educational Committee of the League.
   1. Institutes and Summer Schools
   2. Teaching Supervisors
   3. Central Schools and Centralized Teaching, Junior Colleges

D. Session in charge of Instructors.
   1. Uniform Standards for Schools of Nursing as a Basis for Interstate Reciprocity
   2. Would It Be Advisable To Give Probationers their Practical Nursing Notes in Printed or Mimeographed Form?
   3. Methods of Teaching Nursing Procedures
   4. Follow-up Work on the Wards
   5. Should Parliamentary Procedures and Public Speaking Have a Place in the Curriculum?
   6. What Will a Two-year and Four Months' Course Mean to a Student Receiving Practical Experience in All Departments?
   7. How Can We Secure the Coöperation of the Head Nurses?

E. The Outstanding Problems of the Training Schools for Nurses in the Small Hospitals.

F. Question-box: Some of the Minor Problems of Training School Administration.

G. Greater Use of the Teaching Material to be Found in our Out-Patient Departments.

H. Relation of the Hospital Superintendent to the Training School Superintendent.

I. Reports of the *Journal*, the Central, and Eastern Councils.

J. Discussion of the Rockefeller Report, Headquarters.

K. Administration from a Human Point of View.

L. Health of Nurses.

M. Review of the Thirty Years Since the Superintendents' Society was Created in 1893.

N. Round Tables.

THE NOMINATING COMMITTEE OF THE NATIONAL LEAGUE OF NURSING EDUCATION, Helen Wood, Grace Phelps, Mrs. Adelaide Northam Chairman, has presented the following report and it has been accepted by the Directors: For president, Laura R. Logan, Cincinnati, Ohio; for first vice-president, Carolyn Gray, Cleveland, O.; for second vice-president, Mary M. Roberts, New York; for secretary, Ada Belle McCleery, Evanston, Ills.; for treasurer, Bena M. Henderson, Chicago, Ills.; for directors (for two years), Adelaide Nutting, New York, Helen Farnsworth, Kansas City, Mo., Harriet Gillette, Philadelphia, Pa., Marion Rottman, Milwaukee, Wis.

The By-laws direct that the Nominating Committee shall nominate one person for each office. Additional nominations may be made from the floor.

The Directors discussed the question of appointing a Transportation Committee and decided on the following members: E. J. Taylor, New York; Mary K. Nelson, Boston; Minnie H. Ahrens, Chicago, Helen Farnsworth, Kansas City; Evelyn Wood, San Francisco; Jane Van De Vrede, Atlanta; Martha M. Russell, Chairman, New York. As there has never been a sufficient number in attendance at a League meeting to obtain special rates, it has been decided to advise members to ask for the summer rates which will be in force at that time and make no effort for any closer prices. The members of the Transportation Committee will be glad to aid in making up parties to travel together from different parts of the country or to aid members in any possible manner.

MARTHA M. RUSSELL, *Secretary*.

THE NEW ENGLAND DIVISION OF THE AMERICAN NURSES' ASSOCIATION will hold its third

biennial convention in Burlington, Vermont, May 22-24. (*Note the change of date.*) A tentative programme, subject to change, is as follows:

Reports showing the work of the State Associations and State and Local Red Cross Committee will be presented. Certain sessions will be devoted to the following and other important branches of nursing work with prominent educators conducting: Public Health, Private Duty Nursing, State Leagues of Nursing Education. Reports of problems, advancement and probable future status of Registration Laws now existent in the New England States will be presented by representatives of Committees having intimate knowledge of this work. It is planned that these special sessions shall present material of practical and educational value with demonstrations of different phases of the work, exhibits, and explanations as to results obtained along special lines.

An effort will be made to afford time during the three days' sessions for an opportunity to get acquainted and to further the bonds of interest and friendship, which have already been strengthened as a result of the meetings of this Division.

Vermont is planning to be most hospitable in arranging for social gatherings.

One session will be devoted to a Question Box with the following suggested topics: Nurses' organizations; Formation, value, affiliations with other organizations; Relief and educational funds of the American Nurses' Association; The Rockefeller Report—questions as to its practical value after a year's study; Influence of the private duty nurse upon general nursing affairs; The *American Journal of Nursing;* Rural nursing in New England; Health and recreation of nurses in training.

The meetings will be held in the New Sherwood Hotel, which will be the headquarters of the Division. Rooms with baths will be secured at the following hotels at the rate of $2.50 to $3.00 per day: The New Sherwood, The Van Ness, Hotel Vermont.

A full programme of the Convention will appear in the May *Journal*. Don't forget the change of date! A trip to Burlington, Vermont in May will be ideal! The meeting place, Burlington, and the wonderful natural scenery which surrounds it need no description. The spirit and atmosphere of the meetings of the New England Division are always inspiring.

Chairman Committee on Arrangements: Anastasia G. Correy, 16 Colchester Ave., Burlington, Vermont.

Chairman Programme Committee: Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Roxbury, Mass.

The Northwest Section of the American Nurses' Association for the states of Idaho, Montana, Oregon, and Washington will hold its biennial convention in Tacoma, Wash., June 7, 8, and 9, when it is hoped all nurses of the northwest will attend and take a personal interest in the meetings. Tacoma, "The City of Destiny," will endeavor to keep up her reputation of hospitality to all her guests. Agnes R. Fletcher, Chairman Publicity Committee.

ARMY NURSE CORPS

In February, 1923, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: To Station Hospital, Fort Eustis, Va., 2nd Lieut. Florence G. Gerhart; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieut. Winifred N. Rose; to Letterman General Hospital, San Francisco, Calif., 2nd Lieut. Annie G. Fox; to Station Hospital, Ft. Sam Houston, Texas, 2nd Lieut. Julia McKenna; to Walter Reed General Hospital, Washington, D. C., 2nd Lieut. Sara M. Schoenberger; to U. S. Military Academy, West Point, N. Y., 2nd Lieut. Jean G. Mackenzie.

Orders have been issued for the separation from the service of the following named 2nd Lieutenants, A.N.C.: Adolphine Arnke, Anna P. Barclay, Clara L. Blood, Alta Cheshire, Nettie E. Clark, Irene D. Christopher, Loretta Colby, Cornelia G. Cole, Jennie Agatha Calligan, Mildred Vera Ford, Olive M. Hallmark, Iva W. Hancock, Bessie E. V. Keil, Isabel Kennedy, Mary J. LaCoke, Mary E. Linehan, Clara B. Locklin, Elizabeth E. McCurdy, Mary H. Silver, Edna Marie Starkey, Stella Terrell, Esther Van Scoyk, Grace E. Wells, Margaret L. Wilcox.

ARMY SCHOOL OF NURSING

A new class of students was admitted to both branches of the Army School of Nursing on March 7.

SAYRES L. MILLIKEN.
Captain, Acting Supt., Army Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Transfers: Marion Lynch, Gertrude Mead, Mary Small, Esther Gibson, Anna Samuelson to U. S. Marine Hospital No. 21, Stapleton, N. Y.; Margaret Murphy to No. 2, Boston, Mass.; Anne McNulty to No. 3, Buffalo, N. Y.; Jeannette Storey, Ethel Ludwick to No. 6, Cleveland, O.; Edna McDougall to No. 43, Ellis Island, N. Y.

New Assignments: Margaret Farrell, to Boston; Bessie Turner, to Detroit; Martha Hill, to Evansville, Ind.; Vivian Newman, to St. Louis, Mo.; Dorothy Sweeney, to Stapleton, N. Y.; Eileen Sward, to Ellis Island, N. Y..

Reinstatements: Rose Fallon, to No. 2, Boston, Mass.; Julia Kolodzej, to No. 6, Cleveland, O.; Minnie Hanson, Nell Hanson, to No. 7, Detroit, Mich.; Agnes Lally, to No. 11, Louisville, Ky.; Gladys Brock, to No. 14, New Orleans, La.; Bessie Coombs, Georgia Scott, to No. 21, Stapleton, N. Y.; Ida J. Seright, to No. 43, Ellis Island, N. Y.; Celestino Fernandez, to No. 70, Hudson St., New York; Elizabeth Burke, to No. 19, San Francisco, Calif.; Mary McRae, to U. S. Quarantine Station, Angel Island, Calif.; Alcesta Owen, to Scientific Research Division, Hagerstown, Md.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. VETERANS' BUREAU, NURSING SERVICE

Transfers: Lulu Shively, to Palo Alto, Calif.; Gertrude B. Patterson, to Greenville, S. C.; Edna E. Redwine, to Whipple Barracks, Ariz.; Edna S. Grabill, Telva T. Moore, to Chicago, Annex; Sara J. Kehoe, Helena Krause, Asst. C.N., to Chicago, Ill.; Werta T. Johnston, to Washington, D. C.; Elizabeth T. Joyce, to Ft. Lyon, Colo.; Mary Pearse, Anna A. Shockitis, Helen T. Waldron, to St. Louis, Mo.; Allie M. Knott, to Waukesha, Wis.; Augusta Cornog, to Atlanta, Ga.; Mary H. Coble, to Boise, Idaho; Winifred A. Blake, Ethel E. Friedman, Carolyn Traves, to Memphis, Tenn.; Helen G. Duncombe, Margaret M. Murdock, to Kansas City, Mo.; Hannah T. Collins, Jennie Harrison, to Camp Kearny, Calif.; Mattie Periman, to Ft. Bayard, N. Mex.; Mary G. Curran, Mary E. Grady, Margaret Nicolay, Elva L. Reeve, Harriet R. Rivett, to St. Paul, Minn.; Sara A. Lee, Chief Nurse, Anna A. Stover, to Minneapolis, Minn.; Augusta S. Anderson, to Newport, Ky.; Beatrice Joyce, to Portland, Ore.; Annabel Marker, to District No. 2.

Reinstatements: Cora B. Stine, Palo Alto, Calif.; Mary E. Carney, Chicago, Ill.; Della M. Fannin, Waukesha, Wis.; Katherine C. Granfield, Margaret L. Maher, New Haven, Conn.; Annie B. Grimes, West Roxbury, Mass.; Bertha E. Brigham, Minneapolis, Minn.; Mabel Ekstron, Maywood, Ill.; Catherine V. Collins, Fort McKenzie, Wyo.

FOLLOW-UP SERVICE

Transfers: Marion Carter, to District No. 1; Katherine Flynn, to District No. 2; Winifred Gallagher, to Allentown, Pa.

During the month U. S. Veterans' Hospital No. 53, Dwight, Ill., and U. S. Veterans' Hospital No. 75, Colfax, Iowa, were closed.

Plans were completed for the Postgraduate School in Tuberculosis Nursing to be conducted by the U. S. Veterans' Bureau at U. S. Veterans' Hospital No. 41, New Haven, Conn. Alice Stewart, Director of the Tuberculosis League, Pittsburgh, is acting as Instructor for this course.

MARY A. HICKEY,
Superintendent of Nurses.

THE ANNUAL CONFERENCE OF THE ALUMNI OF TEACHERS COLLEGE was held on February 21 and 22. There were no special departmental activities. The meetings were devoted to a recapitulation and celebration of Dean Russell's twenty-five years of splendidly constructive service. The crowning event was the dinner given by the Association for Dean Russell at the Hotel Commodore, New York City, on the twenty-second at which more than fourteen hundred members of the faculty and alumni were present. Alumnae of the Department of Nursing and Health were everywhere in evidence.

THE AMERICAN ASSOCIATION OF HOSPITAL SOCIAL WORKERS will meet in Washington, D. C., May 16-23. The Washington will be Conference Headquarters. The current Bulletin carries interesting discussions of the social service experience of student nurses at the Johns Hopkins Hospital, Baltimore, and at the Children's Hospital, Boston.

THE AMERICAN HOSPITAL ASSOCIATION will hold its twenty-fifth annual conference in the Municipal Auditorium, Milwaukee, the week beginning October 28. The Small Hospital Section has been reëstablished and will present a programme.

Arizona: Tucson.—ST. MARY'S HOSPITAL graduates a class of seven on April 3.

Arkansas: Little Rock.—THE FIFTH DISTRICT ASSOCIATION gave a reception recently in honor of Mrs. James D. Moncure, formerly Frankie L. Hutchinson, president of the State Association, whose marriage occurred in February. The reception was held in the ball room of the Hotel Marion, with one hundred and fifty present. A delightful programme of music, readings and dancing was enjoyed, followed by a banquet. Ollie Ainsworth, on behalf of the Association, presented a beautiful silver service to Mrs. Moncure in recognition of her twelve years' service and of the appreciation in which she is held. Mary E. Gladwin went to Arkansas on March 1 to make a survey of the schools of nursing in the state.

California: San Francisco.—Anna C. Jamme, Director of the Bureau of Registration of Nurses, returned March first from a three months' visit in the Orient. Miss Jamme carried greetings from the American Nurses' Association and the National League of Nursing Education to the nurses of China. She addressed groups of nurses in Peking, Shanghai, Canton, Tokio, and Manila, speaking through an interpreter. Miss Jamme speaks in warmest praise of the work of American nurses in the foreign field. Miss Jamme is preparing for the *Journal* a series of articles on the work of nurses on the other side of the Pacific. **Los Angeles.**—THE CALIFORNIA LUTHERAN HOSPITAL held its first meeting of the year on January 8 at the Lindley Home, with the new officers as hostesses: President, Agatha Dunston; vice-presidents, Mrs. Isma French, Anne Snowden; secretary, Vada Grace Sampson; treasurer, Mrs. Lena Lowe Rogers. Committees for the year were appointed. A social hour followed. At the meeting on February 5, Mr. Armstrong, editor of the *Hospital and Nurses' Review*, spoke. The members voted to give its official notices through that paper. Lila Brant of the Senior Class of the training school asked for the interest and support of the members for the first School Annual. Word was received of the purchase of a lot near the hospital for a beautiful new nurses' home. THE HOSPITAL OF THE GOOD SAMARITAN graduated a class of nine on January 16.

Colorado: THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination to register nurses at the State House, Denver, on May 22, 23, and 24, 1923. For further information apply to the Secretary, Louise Perrin, State House, Denver. THE COLORADO STATE GRADUATE NURSES' ASSOCIATION held its nineteenth annual meeting at the Brown Palace Hotel, Denver, February 7-9. The State League held its fifth annual meeting at the same time. After the meeting had been called to order by the president, Mrs. Eda M. Pine, a report of the Denver section of the League was given, followed by a report and discussion of the various activities of the state in nursing education. The course in tuberculosis nursing for affiliating students and graduate nurses which is given at Fitzsimons General Hospital, was described by Mrs. Marie Ingraham, instructor of students. This was most interesting, as many nurses of the state were unaware that such opportunities for acquiring knowledge on this important subject were to be had. Public Health Nursing at the Denver Visiting Nurses' Association, was the subject of a paper written by Miss Buford, assistant superintendent of the Association, and presented by Miss Perdue, one of the staff. A general discussion followed, the chairman explaining that owing to the scarcity of applicants to the schools of nursing for the past two years, some schools were unable to avail themselves of this excellent course. The Value of Affiliation from the Viewpoint of the Student was the title of a paper presented by Mary Sullivan, a student nurse. School Nursing, Its Opportunities and How

to Prepare for the Work, was presented by Anna Boyd, superintendent of Nurses in Denver public schools. A paper, How Shall Hospitals Meet Their Obligations and Educational Responsibilities? was read by Miss Hickman of Bethel Hospital, Colorado Springs. Miss Hickman stressed the necessity for more thorough instruction, shorter hours of duty and elimination of some of the routine procedures which could be relegated to ward helpers. Mrs. Pine read a letter from Anna Drake of Iowa, chairman of the National Tuberculosis Association, urging the establishing of courses on tuberculosis nursing for the student nurses, such courses to be given in sanatoria for the care of the tuberculous. Colorado has such courses. Following the adjournment, two interesting round table discussions were conducted,—the first by Sister Mary, superintendent of Glockner Sanitarium, on The Cost of Educating a Nurse. Sister presented the figures for one year in their school, which numbers forty. She explained that the home was the simplest but the food the best. Expenses of entertainment and of illness were not included. It was a matter of surprise to all that at the end of three years, after a generous allowance for her services was deducted, each nurse had cost the hospital $542.32. How to Interest the Younger Nurses in Local, State and National Affairs was the subject for round table discussion presented by Mrs. Bessie Haskin, of Longmont. The conclusion here was that one very good way of promoting such interest is to send a student representative to all State and National meetings. A motion that this be recommended to the training schools was carried. Discussion upon meeting the expense of such representatives followed. Some thought the hospital should defray this expense, others thought the Alumnae should assume it, while others thought that if the students had to work to provide it themselves, they would value it more. On Wednesday evening, the formal opening session of the two state organizations was held, opened with community singing. The invocation was given by Rev. B. B. Kessler; address of welcome, Hon. Carl S. Milliken, Secretary of State; responses, Mrs. Eda M. Pine, president of the State Association, and Loretta Mulherin, president of the State League. Addresses were given by Louie Croft Boyd on Tendencies in Nurse Education, Past and Present, and by Rev. David H. Fouse, on The Super-Woman. Thursday morning was occupied with the business of the State Association. In the afternoon, papers were given as follows: The Organization and Scope of Tuberculosis Work in Colorado, Garnet Isabel Pelton; Ethics From a Nurse's Standpoint, Lela Underhill; The Nurse and the Community, Jesse H. Newlon; Psychology and the Nurse, Dr. E. D. Phillips; paper, Olive Chapman, Director Nursing Service, Southwestern Division American Red Cross. A round table concluded the afternoon session, conducted by Matilda Harris of the Red Cross Public Health Nursing Service. In the evening there was a banquet. On Friday morning an excellent report was given by delegates to the Colorado Federation of Women's Clubs at Estes Park. Reports of the Seattle convention were given by Mrs. Pine and Miss Morrison, and there was also a symposium on the convention: League, Loretta Mulherin; Public Health, Elizabeth Forster; Private Duty, Carrie Moore; Tuberculosis, Ida M. Spaeth; Social Activities, Edith M. Embury. At the adjourned meeting of the League, the Nominating Committee announced the following officers for the coming year for the League: President, Mrs. Gertrude Loutzenheiser, Children's Hospital, Denver; vice-president, Sister Sebastian, Mercy Hospital; secretary-treasurer, Loretto Mulherin, St. Joseph's Hospital. All were unanimously elected. At 12:30 there was a luncheon given by the alumnae associations of St. Luke's, St. Joseph's, Park Avenue, Children's, County and Mercy Schools. The afternoon programme included: State Registration, Louise Perrin; Food Selection for Adults, Kittie D. Washington; Historical Review of Child Welfare Work, R. P. Forbes, M.D.; The Private Duty Nurse, Minerva Harrington. In the evening there was an illustrated lecture on The Undernourished Child by Edith M. Embury, and an address on Cancer by Philip Hillkowitz, M.D. The following officers were elected by the Colorado State Graduate Nurses' Association: President, Jessie D. Stewart, Colorado Springs; vice-presidents,

Carrie B. Moore, Mrs. Neary; secretary, Mrs. May M. Carpenter, 1027 Fillmore St., Denver; treasurer, Miss Livsey, Denver; directors, Misses Morrison, Hammill and Hart.

Connecticut: New Haven.—The Connecticut Training School held a regular meeting on March 1, with all officers and a full attendance. The new constitution and by-laws were unanimously approved after full discussion, ready for acceptance by the national. The members are now planning for the two-day celebration of the semi-centennial of the training school, to be held on Tuesday and Wednesday, May 15 and 16. The hospital and school are in cordial coöperation, committees have been appointed, and all graduates are most cordially invited to return. St. Raphael's Nurses' Alumnae Association held a regular meeting at the hospital on March 5. After the business, the members enjoyed a most interesting talk by Elizabeth Ross, associate superintendent of the Visiting Nurse Association, on her experience with the Red Cross during the war.

District of Columbia: Washington.—The Graduate Nurses' Association entertained the graduating classes of the training schools of the District on the evening of February 15, at the Club House. Agnes G. Deans, Secretary of the American Nurses' Association, spoke on the value and significance of nursing organizations, local, state and national. Clara D. Noyes, Director of the American Red Cross Nursing Service and former President of the American Nurses' Association and National League of Nursing Education, spoke on Vocational Opportunities for Nurses. The regular programme was followed by music, dancing and refreshments. This is the first effort of the kind in the District to create a closer bond between the younger and the older nurses and proved to be a most successful and enjoyable occasion. About one hundred and fifty student and graduate nurses attended. The Nursing League of Education held its regular meeting at Garfield Hospital on February 22. The programme was very full and proved unusually interesting. There was a report on the Central School of Nursing. The Committee is studying the situation in Washington from all angles. The League hopes to see the Central School established by another year. The question of a representative nurse from some of the larger organizations lecturing to the graduating classes of the various schools of the city for the recruiting of student nurses was brought up and it was moved and carried that the Secretary write the Board of Education in regard to this. A special course of lectures in Nursing Problems for the benefit of the Senior classes of all the Hospitals was arranged for, to begin at an early date. After the business meeting, the members were entertained at a George Washington Birthday party by Miss McWhorter, Superintendent of Nurses, Garfield Hospital, and her Staff. A delightful social hour was spent. Harriet L. Leete of the American Child Health Association will hereafter have her office at 370 Seventh Avenue, New York.

Florida: Tampa.—District 4 held its annual meeting on March 5, and elected the following officers: President, Nelle S. French; vice-presidents, Mary D. Conoley, Gertrude Tiedeman; secretary, John O. Johnson; treasurer, Mrs. H. Ryland Cox; directors, Mrs. Walter Bradford, Lillian Hollahan. At the February meeting, held at the Gordon Keller Hospital, Mrs. Benham, secretary of the state examining board, was a guest. It was decided to make the Nurses' Central Registry the official registry of the Tampa Registered Nurses' Club. It is located at the hospital.

Georgia: The State Board of Examiners of Nurses for Georgia will hold its regular semi-annual examinations for registration of applicants, April 11 and 12, 1923, in Atlanta, Augusta, Macon and Savannah. Jane Van de Vrede, President.

Illinois: Chicago.—The Central Council of Nursing Education has completed three years of activity. The interesting report of the Executive Secretary, Carol L. Martin, was presented at the annual meeting on February 23. 116,243 pieces of literature have been distributed and 190 addresses were made by the Executive Secretary. A total of 32,726 people were reached through interviews and addresses. The report states frankly that results are difficult to estimate but that, without doubt, the number of students entering the schools served by the Council is increasing. The report further states

that "the value of the council lies chiefly in the opportunity it affords for concerted, cooperative effort of both lay and professional groups connected with our hospitals and schools of nursing. The Council is the means of bringing together hospitals and schools for nursing of all denominations in united effort to solve the many perplexing problems common to all." THE ALUMNAE ASSOCIATION OF THE ILLINOIS TRAINING SCHOOL held its annual meeting at Congress Hall, on January 2. Reports of committees were given. There was discussion of the need of addition endowment of the Alumnae room at the Presbyterian Hospital. Officers elected are: President, Mary C. Wheeler; vice-presidents, Mathild Krueger Lamping, Jessie F. Christie; recording secretary, Mrs. Georgia Meanor Wescott. The February meeting was held on the 6th at the home of Mrs. Theodore Tieken. The class of 1923, of the training school, entertained the class of 1924 in December by the presentation of a comedy. MT. SINAI HOSPITAL graduated a class of 14 on February 28. THE FIRST DISTRICT is setting a good example for other districts in their generous contributions to the Nurses' Relief Fund, having mailed checks amounting to $307. Of this amount, $100 is from the St. Luke's Alumnae Association, Chicago, in memory of Edith Johnstone, for many years Superintendent of Nurses. The Presbyterian Hospital Alumnae, Chicago, has contributed $75 and the balance is from individuals in the district. Kankakee.—THE KANKAKEE STATE HOSPITAL graduates a class of three on April 2.

Indiana: THE INDIANA STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold its semi-annual examination for registration of nurses, May 9-10, in the Senate Chamber and the House of Representatives, State House, Indianapolis, Indiana. On Tuesday, May 8, the annual meeting of the Board will convene in the office of the Secretary, 333 State House, at 9:30 a. m. MARY E. GLADWIN, who has been Educational Director of the Board for the last year, was given a reception by the State League of Nursing Education on February 24, at the Indiana University School of Medicine. Superintendents and instructors from all parts of the state were present to testify to the value of the work Miss Gladwin has done and to wish her success in the work of similar nature which she is to undertake in Arkansas. A copy of the Life and Letters of Walter H. Page was presented to Miss Gladwin, who was made an Honorary Member of the League. Fort Wayne.—The members of the LUTHERAN HOSPITAL ALUMNAE ASSOCIATION were the guests of the students at a Valentine Party at the Nurses' Home. Edna Krueger, class of 1921, is superintendent of the General Hospital, Hartford, Wis.; Bertha Boutrup is her assistant. Ina Kempfl, class of 1922, is superintendent of the Lutheran Deaconess Hospital, Beaver Dam, Wis.; Minnie Retzloff is night supervisor. Luella Ritz, class of 1921, is surgical supervisor of the City Hospital, Henderson, Ky.

Iowa: Keokuk.—DISTRICT 2 held its annual meeting on December 29 at the Y.W.C.A. A very full program was enjoyed by a large attendance of the members. Papers on Dietetics and Social Service, a short drill in Parliamentary law, reports upon the American Hospital Association meeting, the State annual meeting, and the American Legion convention were given. Officers elected are: President, Mary Elder; vice-presidents, Blanch Sharp, Sister Dominica; secretary, Mabel Lusk; treasurer, Margaret Sollers. The annual report of the Secretary showed that all the alumnae of the District have affiliated, which increases the membership a great deal since last year. The two alumnae associations were hostesses at a six o'clock dinner. Creston.—DISTRICT No. 9 held its annual meeting January 11, electing as officers: President, Frances Hutchinson, Council Bluffs; vice-presidents, Mrs. Margaret Pierson, Afton, and Mabel Guthrie, Creston; secretary, Mrs. Stacia Reed Hoffman, Creston; treasurer, Margaret Benning, Council Bluffs; directors, Mrs. Merietta Holmer, Florence Dean. During the year, 42 members have been accepted and 25 dismissed; total membership, 105. The survey shows 211 nurses. At a meeting of the Board of Directors, February 14, vacancies were filled, committees appointed, and the 20 cents per capita, asked for by the State Association to reimburse the treasury, after paying the 35 cents per capita additional to the national, was voted upon favorably and the treasurer was instructed to

pay the bill at once. **Council Bluffs.**—The Jennie Edmundson Alumnae Association elected as officers for the year: President, Kathleen Brunow; secretary, Bernice Bernhardi. Pauline Martignoni, superintendent of the Jennie Edmundson Hospital, has resigned to take up public health nursing in St. Louis. Helen Hansen, assistant superintendent, is filling the position temporarily. The Alumnae gave a dance on January 19, the Board ladies acting as patronesses. The sum of $175 was realized to fill a depleted treasury. Mercy Hospital Alumnae has elected officers: President, Helen Fisher; secretary, Helen Minear. **Boone.**—Beatrice Case, superintendent of Eleanor Moore County Hospital was elected president of the Boone County Registered Nurses' Association, with Hazel Graban, vice-president; Mrs. Grace Campbell, secretary and treasurer; Emma B. McCall, reporter. **Cedar Rapids.**—Margaret Smith, who has been supervisor of the contagious service at the Minneapolis General Hospital, is now night supervisor at St. Luke's Hospital. Mercy Hospital is building a new wing of about 100 rooms. Mary McClernon, class of 1907, has gone to Tulsa, Okla., as a surgical nurse. **Hampton.**—The Lutheran Hospital graduated a class of eight on March 1.

Kansas: The Kansas State Board for Examination and Registration of Nurses will hold an Examination for State Registration at the State House, Topeka, May 2 and 3, 1923. Applications for this examination should be filed at least ten days before the examination, with the Secretary of the Board. Sister Mary Helena, St. Luke's Hospital, El Dorado, Kansas. **Concordia.**—The Concordia Hospital graduated a class of two on March 15.

Kentucky: The Kentucky State Board of Nurse Examiners will hold examination for State Registration on Tuesday and Wednesday, May 22-23, 1923, at the State Capitol Building, Frankfort, Kentucky. For application and information apply to Flora E. Keen, Secretary, 115 N. Main St., Somerset. **Mayfield.**—The Mayfield General Hospital graduated a class of one on March 1.

Louisiana: The Alexandria District of the State Association held its annual meeting, January 16, at the Baptist Hospital, with an attendance of twenty-four. The reports showed that 26 new members had been admitted during the year, the total number now being 36. Eight regular meetings had been held, all well attended except the September one. At the March meeting it was decided to appoint one of the older doctors as the Advocator of the association to represent it at the Medical Society meetings, resulting in the election of Dr. G. M. G. Stafford. Much was accomplished by him during the year. A special meeting was called on April 29 when a resolution was drawn, to be presented to the Medical Society, asking for its support of the law for registration of nurses. The Society replied it would do so. After this, the unqualified nurses residing in Alexandria returned to their home states. The work of establishing a central directory was begun in June and completed in December. The following officers were elected: President, Lucille Wilson; vice-president, M. Ward; secretary-treasurer, Bertha McManus; councillors, M. Delaney, M. Young. Dr. R. O. Simmons gave an address on Professional Ethics, leaving a lesson long to be remembered. **New Orleans.**—Touro Infirmary graduated recently a class of twenty-two. Dr. Rudolph Matas presented each member a subscription to the *Journal* as a graduating gift.

Maine: Lewiston.—St. Mary's General Hospital graduated a class of five students in March. **Presque Isle.**—The Presque Isle General Hospital graduated a class of seven in March.

Maryland: The Maryland State Board of Examiners of Nurses will hold an examination for State Registration, May 15, 16, 17, 18. All applications must be filed not later than April 23 with the Secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts: The Massachusetts State Nurses' Association held its mid-winter meeting on February 17 in the Boston Public Library, Boston. Section meetings were held in the morning. At the League Section, Miss Catton, first vice-president, presiding. Mary Beard told of her trip abroad and of her visit to the Bordeaux School. Miss Hall spoke of the proposed reorganization of the National League. At the Private Duty Section, Miss Galvin, vice-chairman presiding. Mrs. Albert

of Fall River read a letter sent by Miss Eldredge. At the Public Health Section, Miss Fowler presiding, Miss Beard spoke on conditions in Europe. At each of these section meetings, Miss Roberts spoke briefly on the *Journal*. The State meeting, proper, held in the afternoon, was opened by music from the Nurses' Glee Club of the Peter Bent Brigham Hospital. Sophie C. Nelson spoke interestingly on what the Red Cross Nursing service means to Europe. A collection for the Jane Delano Fund was taken, amounting to nearly $100. Mrs. Susan L. Briggs and Sally Johnson spoke on Legislative matters. Mary M. Roberts of the *American Journal of Nursing* gave the final address. After the meeting, tea was served at the Boston Nurses' Club by the Cambridge Hospital Nurses' Alumnae Association. **Boston.**—Jessie E. Catton has resigned her position as superintendent of the Lawrence General Hospital, Lawrence, and has been appointed to a similar position in the New England Hospital for Women and Children. THE ALUMNAE ASSOCIATION OF THE MASSACHUSETTS HOMEOPATHIC HOSPITAL held a Valentine luncheon and tea on February 14 for the benefit of the Emergency Fund. The Training School graduated a class of twenty-three in March. **Fall River.**—THE ALUMNAE ASSOCIATION OF THE CITY HOSPITAL held a theatre party and a banquet on February 13. **Tewksbury.**—THE MASSACHUSETTS STATE INFIRMARY ALUMNAE ASSOCIATION held a regular meeting on March 1, at the Infirmary. An interesting lecture was delivered by Dr. John H. Nichols, Superintendent. Lunch was served later in the Nurses' Library.

Michigan: THE MICHIGAN STATE NURSES' ASSOCIATION will hold its nineteenth annual meeting in St. Joseph, May 23, 24 and 25. The association will be the guests of the nurses of Berrien County, and "blossom time in May" has been selected by them as the most desirable season of the year. Henrietta M. Schoenbeck of St. Joseph is chairman of the Arrangements Committee. A very excellent programme of unusual interest is being prepared by Mrs. Elsbeth Vaughan, of Lansing, chairman of the Programme Committee. Adda Eldredge, President of the American Nurses' Association, is to give an address, the first evening, and is to be the guest of Michigan nurses at this meeting. The Board of Directors of the Michigan State Nurses' Association met on March 17 in Ann Arbor at the home of Alice L. Lake. **Detroit.**—The regular meeting of the First District of the Michigan State Nurses' Association took place March 2 at the Central Bureau of Nursing. One of the activities of which the First District is the author is the Parliamentary Law Class every Friday afternoon from three to five, conducted by Mrs. Emma Fox, Parliamentarian. THE LOCAL LEAGUE OF NURSING EDUCATION was entertained by the Teachers of the Cass Technical High School, on March 9. Before the business meeting occurred, the League members were taken through the entire Cass High School buildings and through the laboratories, where classes were working in Dietetics, Biology and Bacteriology. These laboratories are among the finest in the country. Refreshments were then served and a business meeting was held for about an hour. There were twenty-four members present. THE FARRAND TRAINING SCHOOL ALUMNAE ASSOCIATION held its monthly meeting March 13, at McLaughlin Hall. The chief item of interest at the meeting was the activities of the "Boosters Committee," which is to help raise funds for the 1924 convention. **Ann Arbor.**—THE SECOND DISTRICT held a bridge party in one of the nurses' homes of the University Hospital on February 5, the proceeds, $25, to be used toward the District's share of the expense of the national convention in 1924. Mary C. Hearer has left Michigan to become one of the inspectors of schools of nursing at Albany, N. Y. **Petoskey.**—LOCKWOOD HOSPITAL graduated one student in March. Grand Rapids is starting the year 1923 with great enthusiasm. Sarah E. Sly was in the city, March 8 and 9, conferring with the Committee on Revision of By-laws for the three Alumnae associations. She also attended the meeting of District 6, at the Y.W.C.A., Friday evening, March 9. After a short business session, during which Miss Sly made some suggestions regarding the method of raising funds for the 1924 convention, the meeting was adjourned and turned over to Ida Reber, chairman of the Arrangements Committee, who announced a St. Patrick's party. Refreshments were served, music and dancing were indulged in. Officers for-

the District for 1923 are as follows: President, Elizabeth Kendall; vice-presidents, Ethel Rice Brown, Maud Galbraith; treasurer, Miss Helm; recording secretary, Mable Sterritt; corresponding secretary, Bessie Blacklock. The new $600,000 Sanitorium is nearing completion. It will be ready in about six weeks. Barbara Hunter, of Oswego, N. Y., will be the new superintendent of nurses. The present infirmary will be converted into a general hospital for use of the patients of City Physician, A. H. Edwards, M.D. Emma Sater, Superintendent of Nurses of the Christian Church Hospital of Kansas City, Mo., has accepted a similar position at the Butterworth Hospital.

Minnesota: The Minnesota State Board of Examiners of Nurses will hold an examination for the registration of nurses in St. Paul, April 27 and 28, at the New State Capitol. At the last meeting of the executive board of the State Association it was decided to hold a meeting of the association in Minneapolis on May 19. This being the last day of the convention of the Tri-State Hospital Association a large attendance is anticipated. **Duluth.**—The Second District held its March meeting on the second, at St. Luke's Hospital, a social hour following the business meeting. Many of the nurses of the city have been ill with influenza. **Minneapolis.**—The members of the Third District were guests of St. Barnabas' Alumnae Association in February. The meeting was held in Gethesemane Church and Frances Ott, Chairman Private Duty Section, A.N.A., was the honor guest. Her words of advice, sparkling with humor, were appreciated by all, and especially by the Senior nurses of the city who had been invited to hear her. Dainty refreshments were served to over 500. **St. Paul.**—St. Luke's Alumnae Association elected officers as follows: President, Charlotte Drew; secretary, M. Baer; treasurer, Kathleen Cleary. It was voted to send $50 to the Delano Memorial Fund. The alumnae is showing a keen interest in the campaign to raise $350,000 to build a nurses' home and an addition to the hospital. Several committees were formed to help carry on the work. St. John's Alumnae held its annual meeting on January 26, and elected the following officers: President, M. Proehl; vice-president, A. Braun; secretary, M. Horejes; treasurer, A. Gutz. Laura Haering, formerly of St. John's Hospital, has accepted the position as Surgical Supervisor at the Union Hospital, New Ulm. Ida Baldwin, formerly of St. John's Hospital, has moved to New Ulm. **Red Wing.**—St. John's Hospital has appointed as assistant supervisor, Mrs. Mayme J. Risse, class of 1922. Alice Evans of the same class has accepted the position of historian at St. John's Hospital, St. Paul.

Missouri: St. Louis.—St. Luke's Alumnae Association has elected the following officers for the year 1923: President, Mrs. N. W. Sharpe; vice-president, Janet Mackenzie; recording secretary, Janet Ross; corresponding secretary, Retta Snyder; treasurer, Alice Weddell; auditor, Mollie Wilkins. Virginia Gardner was reelected chairman of the Endowment Fund. Mrs. Walter Vornbrock was appointed chairman of the Bazaar Committee. A special effort will be made this year to communicate with all non-resident members, especially those who have apparently lost interest in the Association and its activities. City Hospital No. 2 graduated one student on January 16th.

New Jersey: The New Jersey State Nurses' Association will hold its twenty-first annual meeting on Friday, April 6, at Willard Hall, Passaic. The entire day will be given over to the programme of the association which promises to be of great interest. Dr. Haven Emerson will give an address on Preventive Medicine, and reports will be given by chairmen of various committees. The evening meeting will be under the chairmanship of Florence Dakin, president of the New Jersey State League for Nursing Education. Nurses are cordially invited to all meetings. The New Jersey State League has as its secretary, Marie Louis, Muhlenberg Hospital, Plainfield, instead of Martha M. Scott, as announced last month. The directors are: Mary J. Stone, Ida F. Austin, Huldah Randall. **Newark.**—The Newark City Hospital Alumnae Association held its annual meeting on February 27 at the Nurses' Residence. Miss Suydam of the State Tuberculosis League gave an interesting talk. A goodly sum has been realized for the Scholarship Fund which will be used to send one graduate each year to study at Teachers

College. The new officers are: president: Sara V. Traynor; vice presidents, Florence E. Grove, Alma M. Gordon; secretary, Edith Reddy; treasurer, Grace Cairns. The retiring superintendent, Miss Mason, was presented with a handsome table by the Association. Mary F. Mason entered the training school in 1896, graduating in 1898, at which time she was appointed assistant principal of the school. In November, 1899, she was made principal and superintendent. On January 1, 1923, Miss Mason retired on a pension which she has justly earned. Her devotion to the school and hospital was recognised by the Mayor who, with the attending staff, presented to her, at the farewell reception, a platinum and diamond wrist watch. Other gifts were a chair from the graduates; a lamp from the executive staff; a satin gown from the ward maids; a platinum chain from the employees of the Nurses' Home. Carolyn Schmoker, who has been Miss Mason's assistant, succeeds her. Dorothea Rusch, industrial nurse for the General Electric Company, has gone abroad to demonstrate an electric bulb. **Bridgeton.**—The Bridgeton Hospital graduated a class of two on February 9. **Long Branch.**—The Monmouth Memorial Hospital graduated a class of eleven on March 9.

New Mexico: The bill for state registration of nurses passed without one dissenting vote. It becomes a law on June 1. The directors of the State Association met on March 10 to select a list of ten names from which the Governor will select members for the first Board of Nurse Examiners. Bertha C. Rowe, secretary of the State Association, has been called to her home in Los Angeles and has therefore resigned her position.

New York: Buffalo.—Meryl E. McCool, class of 1914, Deaconess Hospital, has received a $500 scholarship from the Chicago Visiting Nurse Association and will take a six months' postgraduate course at Johns Hopkins Hospital. **Rochester.**—District 2 entertained the Senior classes of the training schools of the city at the meeting held February 27. At the business meeting it was decided to ask the State Department at Albany to hold an institute in Rochester in May. Addresses were given by nurses engaged in different lines of nursing work: Industrial Nursing, Miss Hull; Public Health Nursing, Miss Phillips; Private Duty, Miss Faust; Executive Work, F. Bacon; Instructor's Work, Hazel Jennings; the Club House and the Directory, Lucy Bayley; Red Cross, Eunice A. Smith. The Alumnae Association of the Rochester General Hospital held services on February 23, for the unveiling of a brass tablet in honor of the 83 members who had served in the World War. One of these, Miss McKenzie, gave her life, having been on a hospital ship which was sunk. A most appropriate address was given by Bishop Ferris. On the tablet in addition to the names of those who have graduated from the school, are those of the assistant superintendent, Emma E. Jones, and the superintendent of nurses, Eunice A. Smith, both of whom were holding these positions when called to service. **Elmira.**—The Arnot-Ogden Hospital graduated a class of nine in March. **Syracuse.**—Nellie R. Hamill has resigned as superintendent of the Hospital of the Good Shepard, a position she has held for seven years. The Alumnae Association of this hospital has contributed $50 toward the Jane A. Delano Fund. **Carthage.**—Rilla L. McNeil, superintendent of the Carthage Hospital, has bought the institution. **Rome.**—The Rome Hospital Alumnae Association, at a recent meeting, decided to start a Loan Fund for the Training School. A dance is to be given on April 8, for the benefit of this fund. **Saranac Lake.**—The Graduate Nurses' Association held a meeting on March 6, in the Library. Catherine McDonnell, chairman of the Jane Delano Memorial Committee, reported that at a tea given on February 20, $32 was raised. Dr. Edward Wells gave a very instructive talk on Thoracoplacy in the Treatment of Pulmonary Tuberculosis. **Kingston.**—District 11 held its annual meeting on March 9, with a good attendance, each nursing center of the District being represented. The amendments to the constitution and by-laws were acted upon and approved. Newburgh will hereafter be the headquarters of the District. Officers elected are: President, Nellie Silver, Kingston; vice-presidents, Ethel Rhodes, Newburgh, Agnes Valley, Middletown; secretary, Henrietta Schwab, 83 Moore Street, Kingston; treasurer, Mary Rodie, Kingston. **Poughkeepsie.**—Rachel

McCrimmon, who has been for a long time superintendent of nurses at the Vassar Brothers Hospital, has resigned. **New Rochelle.**—Margaret E. Flynn has opened a home at 467 Pelham Road for the care of patients needing rest or treatment for nervous conditions. **New York.**—District 13 held its annual meeting on March 6. The Relief Fund Committee reported for the year that it had sent in $1801.49. Of this amount, $906.30 was realized from the sale of souvenir programmes at the State meeting. Miss Davis spoke of the needs of the Russian nurses. A hat collection was taken, amounting to $83. At the February meeting, Dr. Howard Taylor spoke on the prevention of cancer. Anne McIntyre told of Near East work. Miss Farley spoke on the Red Cross. The New York Hospital held graduating exercises for the class of 1923 on the evening of March 7, in the Administration Building. There were sixteen in the class. The Jane A. Delano Post No. 344, American Legion, holds meetings at the Central Club on the second Friday evening of each month. The Post has an active committee which is doing fine work in the care of sick nurses. Ex-service nurses living in New York, or visiting the city, are invited to attend the meetings. Mt. Sinai Hospital graduated a class of twenty-nine on March 8. The New York Post Graduate Hospital graduated a class of forty-nine on March 6. **Tompkinsville.**—The Staten Leland Hospital graduated a class of seven on March 28.

North Carolina: Asheville.—District 1 is the largest in the state, having about 90 members. A successful directory in the club house has been in operation two years. At Christmas, a number of baskets, valued at about $72, were sent to invalid nurses. The two nurses' wards at U. S. Veterans' Hospital, Otsen, were given subscriptions to four magazines for 1923. The meetings are held at different centers during the year, and there is a good attendance. An educational and social function is always in order. Mildred Sherwood is President, and S. E. McCracken is secretary.

North Dakota: The North Dakota State Nurses' Association will hold its annual meeting in Minot, April 26 and 27. The North Dakota State Board of Nurse Examiners will hold its next examination for certificate of Registered Nurse, April 24 and 25, 1923, in Minot, N. Dak. Applications must be filed with the Secretary at least twenty days prior to date of examination. For further information apply to M. Clark, Secretary, General Hospital, Devils Lake, N. Dak. **Devils Lake.**—Mercy Hospital graduated one student on March 31.

Ohio: The Division of Public Health Nursing Education, Department of Health, Columbus, will use the *Journal* as its official organ in announcing appointments, transfers, and resignations of public health nurses in the state, also any new rulings or other items of general news interest. **Cincinnati.**—District No. 8 held its regular meeting on February 26 in the Nurses' Home of Christ Hospital. The Association indorsed the bill which is now in the Senate that will give instructors in smaller schools of nursing the same salary as those in larger schools with the hope that the small schools in small towns will be able to procure the best of instructors. A letter was read from Claribel Wheeler, State Chairman of the Florence Nightingale Foundation Fund, saying that loans were ready to be made. Graduate nurses from Ohio Schools of Nursing who wish to further prepare themselves for teaching and administration are eligible. Applications for loans are to be made to the chairman. The Committee for the Advancement of Nursing Education has printed a pamphlet, listing the Schools of Nursing in this District, to be distributed to the public through various clubs, churches, and schools. Plans are made for a copy to appear in all newspapers in southern Ohio. Talks will be given in High Schools. In compliance with requests from the state and national organizations the annual dues were increased $1. Misses Emma Ardill and Marguerite Fagen were appointed as paid delegates to attend the annual meeting of the Ohio State Association of Graduate Nurses at Akron, in May; Misses Edith Northrup and Leatha McGough as alternates. Edna Bacon, a missionary to India, spoke very interestingly on Child Care in India. Miss Bacon told of the extreme need for more trained nurses in India and with the spirit of unselfishness there is no limit to the physical and spiritual good one may do. The

Christ Hospital Alumnae Association served refreshments. **Toledo.**—Margaret B. Garrow, a graduate of the Auburn Hospital, Auburn, N. Y., has been appointed superintendent of nurses at Flower Hospital. **Sandusky.**—The Good Samaritan Hospital graduated a class of two on January 30.

Oregon: Portland.—The Oregon Organization for Public Health Nursing held its mid-winter conference at the Central Library on February 24. At the morning session, Elnora Thomson presiding, subjects considered were: Relation of the Public Health Nurse to State Tuberculosis Hospital, G. C. Bellinger, M.D., followed by five-minute discussion; Positive Health for Nurses, Caroline Hedger, M.D.; The Child Welfare Programme in Oregon, ten-minute discussions from various angles. Luncheon was served at the Ex-service Men's Club. At the afternoon session, L. Grace Holmes presided, and the subjects were: County Health Unit Plan as it Applies to Oregon, A. J. Warren, M.D., of the Rockefeller Foundation, followed by discussions; How to Find and Use Other Welfare Agencies, A. R. Gephart, followed by ten-minute discussions; Desires and Ideals for Public Health Nursing Education, Elnora Thomson. Dr. Estella Ford Warner, medical director for the Bureau of Child Hygiene of Oregon, has been making an extended tour in the east visiting many clinics and also the Children's Bureau in Washington. Emanuel Hospital graduated a class of ten on February 15.

Pennsylvania: Philadelphia.—Anna C. Garrett resigned her position as superintendent of the Frankford Hospital, in October, because of ill health. Miss Garrett has been associated with the hospital since 1904. The Jewish Hospital Alumnae Association publishes a *Monthly Bulletin*. In November, the August and Ida Stoppacher Memorial dining room for nurses was formally opened. Anna L. McCoy, class of 1899, represented the alumnae on this occasion; Ada Duinson spoke for the students. It is a beautiful and spacious room. A Theater Benefit was given by the Alumnae on January 29 and 30, the proceeds to be used for educational and other purposes. At the February meeting an address was given by Miss Barger of Trenton, N. J. The Samaritan Hospital Alumnae Association met on February 27 at the Nurses' Home. After routine business was disposed of, the Endowment Committee which has been very active and done much good work, reported on the combined meeting of the Hospital Committee and the Officers of the Alumnae Association, the details of the Endowing of the room were discussed and all left to the Committee to successfully carry through. Additional pledges were received to cover the remaining $200 needed to complete the Fund. St. Joseph's Hospital graduated a class of fifteen in March. The Nurses' Alumnae Association of the Woman's Hospital of Philadelphia held its 34th annual meeting at the Hospital, January 17. The year just passed has been a busy one; twelve new members were admitted to membership; two delegates were sent to the State Association convention and four, through the District and State Association, to the convention in Seattle. The Association subscribes for the *Journal* for every resident and non-resident member. Each member contributes one dollar annually to the Nurses' Relief Fund, making this alumnae one hundred per cent in its efforts to support this work. The Association also contributed $5 to the National Headquarters; $10 to the Jane Delano Fund; $50 to the Philadelphia School for Preliminary Courses in Nursing; $50 to the Pennsylvania State Legislative Fund; $30 to the Russian Nurses' Fund; $10 to the American Red Cross; and $15 to the Pennsylvania Welfare Federation. The alumnae has a scholarship fund. It also has its own endowed room in the hospital and a maintenance fund for the care of the room. Officers duly elected for 1923 are: President, Mrs. Sarah S. Entwisle; recording secretary, Mary C. Schabinger; corresponding secretary, Mrs. Grace Bareleander; treasurer, Anna M. Peters. **Pittsburgh.**—The South Side Hospital Alumnae Association held its annual meeting, January 4, electing the following officers: President, Bertha Feingold; vice-president, Agnes Crawford; secretary, Thelma Caldwell; treasurer, Mrs. Anna Thomas; directors, Gertrude L. Heatley, Bessie V. Stoner, Matilda Ugron, Lili Gallagher. The hospital graduated a class of six on March 22. The Nurses' Alumnae Association of the Allegheny General Hospital held a regular

meeting at the Nurses' Home, March 5. The Chairman of the Endowed Room, Sick and Relief Committee reported the illness of four members and the death of two during the last month. Ella M. Scheidy was appointed to act as Chairman of Arrangement Committee for 1923, in place of Ina P. Hanna, resigned. Adda J. McLaughlin was appointed Chairman of Resolutions Committee. Mrs. Isabel C. Flynn was authorized to take necessary steps to make a few changes in the Association By-laws.

Rhode Island: The Rhode Island Board of Examiners of Trained Nurses will examine applicants for state registration at the State House, Providence, May 9 and 10, at 9 a. m. For application blanks and information, address Lucy C. Ayers, secretary and treasurer, Woonsocket Hospital, Woonsocket.

South Carolina: The South Carolina State Nurses' Association will hold its annual meeting in Charleston, April 18, 19, and 20, in the Assembly Room of the Y.W.C.A. **Charleston.**—District No. 1 held a regular monthly meeting at the South Carolina Medical College on March 8. A large number of nurses were in attendance. Much business was transacted. Several good papers are ready for the scientific meeting which will be held as usual on the fourth Thursday, at eight p. m. The Arrangement Committee of District No. 1 is busy with the programme for the State Association. **Spartanburg.**—The Alumnae Association of the General Hospital held its regular meeting at the Hospital, February 13. A splendid address was given by Gay Williams after which music was enjoyed. The Association gave a dance and card party at Shorebrook on February 24. A large number of out-of-town guests were present.

South Dakota: Madison.—The Alumnae Association of the New Madison Hospital held a regular meeting on March 6, at which plans were discussed for the state convention which is to be held at Lake Madison in June. It was decided to contribute toward the Jane A. Delano Fund.

Tennessee: Columbia.—The King's Daughters' Hospital graduated a class of two in March.

Texas: Galveston.—Pupil Nurses of the College of Nursing, University of Texas, have organized a St. Barnabas Guild,—chaplain, Rev. H. M. Kellam; director, Mrs. C. P. Mann; chairman, Zora McAnelly; secretary, Mary Novella Davis; treasurer, Ruth Warrener. Xilema Faulkner has resigned her position as supervisor of Main Building, John Sealy Hospital, to accept a position at the Turbett Hospital, Martin, Texas. She is succeeded by Myrtle Kearney.

Washington: Seattle.—The King County Association, District 2, held a meeting on March 5, the programme consisting of a parliamentary drill, business and social hour. The Private Duty Section met on the same afternoon, and the Public Health Section met in the evening. The Swedish Hospital Alumnae Association gave a dance on the evening of March 30 at Woodman Hall. The Providence Hospital Alumnae held a social evening on February 13, at which the married members were the guests of honor.

Wisconsin: Milwaukee.—The Fourth and Fifth District held its regular monthly meeting February 13. After the business meeting, the members enjoyed a lively game of "Bunco." The alumnae of Mount Sinai Hospital Training School served refreshments. The Wisconsin Nurses' Club has moved from 566 Van Buren Street, where it has been for seven years, to 267 Prospect Avenue. On February 7, the Nurses' Club entertained its members to a "kids' party," no one over 12 years being admitted. The kiddies forgetting the dignity they possessed a few hours earlier, gaily played "The Farmer in the Dell," "Drop the Handkerchief" and other childhood games and indulged freely in all-day suckers and animal cookies. **Wausau.**—The Eighth District held its regular meeting February 20. A one o'clock luncheon was served at the Hotel Bellis. The table decorations were appropriate to Washington's Birthday. Mary Hughes of Mount View Sanitorium, told of her visit to Mount Vernon and gave a short book review on "Dr. McDougal McLean," the author being an ex-tubercular patient. The sum of $25 was subscribed to the Nurses' Relief Fund. The annual meeting will be held the third Tuesday in May in Marshfield. **Marshfield.**—The Student Nurses of St. Joseph's Training School.

have given a series of card parties to which they invited the general public. They were well attended and the proceeds used for the nurses' home. St. Joseph's Hospital Graduates are reported as follows: Hedwig Kremsruter has a position in the Obstetrical Department at Rhinelander Hospital. Gertrude Muehlemkamp and Rose Braun are doing contagious nursing in the City Hospital, Cleveland. Eau Claire.—The Tenth District held its regular meeting on February 13 at the Girls' Club. Following the business meeting, Professor Donaldson of the Eau Claire Normal School entertained the members with a Scotch programme which was thoroughly enjoyed. Refreshments were served. The sum of $40 was given to the Nurses' Relief Fund in memory of Dr. John Mathiesen of Eau Claire, whose thoughtfulness and kindness to the nursing profession will always be remembered. The Lutheran Hospital Alumnae held its quarterly meeting on February 2, in the nurses' parlors. The members voted to erect a bronze tablet in the nurses' class room in memory of the departed doctors and nurses. A meeting of the Public Health nurses of the Tenth District was held at Chippewa Falls, February 3. Miss Dunwiddie, state supervising nurse, presided at the round table. Sixteen nurses were present. Luncheon was served at the Hotel Northern. Katherine Pond of the Middlesex Hospital, Middletown, Conn., has accepted a position as Superintendent of the Lakeside Methodist Hospital of Rice Lake. Miss C. Vickery of Chetek has accepted a call to Brondadana, India, as a missionary.

BIRTHS

Birth, Marriage, and Death notices should be very plainly written, and dates should be given. Death notices of any date are published. Birth and Marriage notices are not published if more than four months past.

To Mrs. Rudolph Fuez (Bertha Abbuhl, class of 1914, Rome Hospital, Rome, N. Y.), a son, February 7.

To Mrs. Albion Heidner (Elsie Argesen, class of 1915, Augustana Hospital, Chicago), a son, in January.

To Mrs. Thompson (Miss Aten, class of 1921, Illinois Training School, Chicago), a son, February 8.

To Mrs. Hans Funch (Bertha Bate, class of 1914, Memorial Hospital, Roxborough, Philadelphia), a son, Ross Simpson, December 29.

To Mrs. Charles Metz (Katherine Boyle, class of 1917, Allegheny General Hospital, Pittsburgh), a daughter, March 3.

To Mrs. John Brennan (Katherine F. Conlin, class of 1917, J. B. Thomas Hospital, Peabody, Mass.), a daughter, December 25.

To Mrs. H. S. Coppinger (class of 1915, Presbyterian Hospital, Chicago), a son, in January.

To Mrs. Hubert Brunner (Ural Covert, Hahnemann Hospital, Chicago), a daughter, in February.

To Mrs. Raymond Sier (Pearl E. Davidson, class of 1914, Wesley Memorial Hospital, Chicago), a son, February 11.

To Mrs. Walter Lomax (Cecil Davis, class of 1917, Jewish Hospital, St. Louis), a daughter, February 19.

To Mrs. Fred Drennan (class of 1915, Presbyterian Hospital, Chicago), a son, in March.

To Mrs. Leo Kane (Dorothy Englehart, class of 1919, St. Mary's Hospital, Philadelphia), a daughter, Dorothy, December 10.

To Mrs. Walter Ford (class of 1920, Presbyterian Hospital, Chicago), a son, in January.

To Mrs. A. Fred Watts (Clara B. Gobler, Greater Community Hospital, Creston, Ia.), a daughter, Elizabeth Ann, January 9.

To Mrs. Harvey Schlichter (Anna Goodwin, class of 1910, Samaritan Hospital, Philadelphia), a son, Harvey, Jr., January 23.

To Mrs. C. E. Peterson (Mary Gordon, class of 1915, Illinois Training School, Chicago), a daughter, Dorothy Jane, December 20.

To Mrs. Wesley Weimers (Doris Habig, class of 1918, College of Nursing, University of Texas, Galveston), a daughter, January 29.

To Mrs. H. Green (Lilla Holstrum, class of 1917, Augustana Hospital, Chicago), a daughter, Carol Louise, February 4.

To Mrs. A. P. Gregg (Inez Hooper, class of 1920, College of Nursing, University of Texas, Galveston), a son, January 29.

To Mrs. George Lear (Geneva King, class of 1914, Christ's Hospital, Topeka, Kas.), a son, George Leroy, February 18.

To Mrs. Paul Bollinger (Marie Kolb, class of 1918, Henrotin Hospital, Chicago), a daughter, in February.

To Mrs. Michael Pfeffer (Mary Komerak, class of 1913, St. John's Hospital, Pittsburgh), a daughter, January 25.

To Mrs. Marie Little Shephard (Marie Little, class of 1919, Englewood Hospital, Chicago), a son, in March.

To Mrs. Bruce Lockwood (Ruth Murphy, class of 1918, Allegheny General Hospital, Pittsburgh), a daughter, March 3.

To Mrs. P. S. Herrick (E. Puryear, class of 1916, Illinois Training School, Chicago), a son, Walter Samual, December 7.

To Mrs. William F. Turner (Clara Madeline Putt, class of 1917, Philadelphia General Hospital, Philadelphia), a daughter, Christine Jane, March 4.

To Mrs. Helen Monroe Roberts (class of 1912, Massachusetts Homeopathic Hospital, Boston, Mass.), a daughter, Charlotte, January 24.

To Mrs. Thomas F. McCarthy (Beatrice Roch, class of 1920, Mercy Hospital, Cedar Rapids, Ia.), a daughter, in February.

To Mrs. George Johnson (Grace Ross, class of 1918, Oak Park City Hospital, Oak Park, Ill.), a daughter, February 23.

To Mrs. T. A. McLellan (May Dorothy Ryan, class of 1916, Kings County Hospital, Brooklyn, N. Y.), a son, Felix Alexander, at Manila, P. I., November 24.

To Mrs. Thomas Sheesley (Estella Scully, class of 1920, St. Mary's Hospital, Philadelphia), a son, December 11.

To Mrs. Harry Ward (Charlotte Shaver, class of 1911, Rome Hospital, Rome, N. Y.), a daughter, February 22.

To Mrs. Jay Wilson (Nellie Tomilson, class of 1920, Mercy Hospital, Cedar Rapids, Ia.), a daughter, January 27.

To Mrs. Luther Owings (Julia Irene Turner, class of 1911, Indianapolis City Hospital, Indianapolis), a son, Luther, Jr., February 27.

To Mrs. John Kerwin (Florence Warner, class of 1915, Michael Reese Hospital, Chicago), a daughter, February 16.

To Mrs. Alvin Dresser (Helen Zimmerly, class of 1918, South Side Hospital, Pittsburgh), a daughter, Virginia May, January 27.

MARRIAGES

Pearl Adams (class of 1920, Illinois Training School, Chicago), to W. L. Stocks, M.D., December 16.

Ruth E. Adams (class of 1923, Rome Hospital, Rome, N. Y.), to Samuel T. Preston, February 17. At home, Rome, N. Y.

Adele L. Albrecht (class of 1921, Norton Memorial Infirmary, Louisville, Ky.), to Lee Palmer, M.D., December 24. At home, Carson, Ala.

Josephine Alworth (class 1917, Oak Park City Hospital, Oak Park, Ill.), to W. B. Perley, in February.

Anna E. Andersen (class of 1918, Swedish Hospital, Seattle), to Axel F. Brandstorm, January 4.

Hallie M. Brunson (class of 1922, Norton Memorial Infirmary, Louisville, Ky.), to William Gordon, December 22. At home, Clarksville, Tenn.

Mary Bunnell (class of 1919, Presbyterian Hospital, Chicago), to Arthur Lee Evans, February 10. At home, Chicago.

Glen Caswell (class of 1916, Massachusetts Homeopathic Hospital, Boston), to Karl Cline, March 10. At home, Saint Paul. Minn.

Pauline Dietz (class of 1914, St. John's Hospital, St. Paul, Minn.), to Harry H. Woodworth, January 22. At home, Watertown, South Dakota.

Mattie Duguid (class of 1918, Missouri Baptist Sanitarium, St. Louis), to S. J. Cherry, December 21. At home, Houston, Texas.

Margaret C. Field (class of 1921, Jewish Hospital, St. Louis), to Fred Rush, December 26.

Mary J. Glover (class of 1919, Chestnut Hill Hospital, Chestnut Hill, Pa.), to W. B. Pendergrast, January 16.

Grace Harrington (class of 1904, St. Mary's by the Lake, Milwaukee), to W. T. Nichols, M.D., February 17. At home, Milwaukee, Wis.

Esther Helmgren (class of 1918, Augustana Hospital, Chicago), to Hubert English, M.D., in January.

Florence Ann Humphrey (class of 1912, Massachusetts Homeopathic Hospital, Boston),

to Philip Keep Reynolds, in February. At home, Brookline, Mass.

Frankie Adelle Hutchinson (class of 1911, St. Vincent's Infirmary, Little Rock), to James Dunlop Moncure, February 15. At home, Little Rock. Mrs. Moncure is president of the Arkansas State Nurses' Association.

E. M. Jerauld (class of 1921, Illinois Training School, Chicago), to Hugh McDonald, M.D., in January.

Laura A. Kile (class of 1919, Samaritan Hospital, Philadelphia), to Harry Riebel, December 19. At home, Chalfont, Pa.

Katherine Koenig (class of 1917, Jewish Hospital, St. Louis), to A. G. Neuwirth, December 28.

Gertrude Lewis (class of 1913, Christ's Hospital, Topeka, Kas.), to Walter Kelly, February 9.

Millie Loewenstein (class of 1912, Norton Memorial Infirmary, Louisville, Ky.), to Meyer D. Greenberg, February 14. At home, Louisville, Ky.

Kathryn Mahoney (class of 1912, Illinois Training School, Chicago), to Lawrence M. Mitchell, December 22. At home, Chicago.

Ruth Massie (class of 1922, Presbyterian Hospital, Chicago), to Harry L. Hill, January 1.

E. Josephine Mathews (class of 1910, Chicago Hospital Training School, Chicago), to Rochester B. Slaughter, February 5.

Ursula Mitchell (class of 1921, Illinois Training School), to Francis Joseph Gerty, M.D., December 21.

Hannah Nelson (class of 1917, Swedish Hospital, Seattle, Wash.), to Lander Hebin, February 24. At home, Wells, Minn.

Catherine Ruth Palmer (class of 1921, Illinois Training School, Chicago), to Ralph Frame Harvey, February 10. At home, Berwyn, Ill.

Alice G. Pardon (class of 1921, Norton Memorial Infirmary, Louisville, Ky.), to Henry R. Heimerdinger, December 28. At home, Louisville, Ky.

Irene Paul (class of 1922, College of Nursing, University of Texas, Galveston), to Brooks Ross Woolford, December 23.

Jane Pope (class of 1920, Presbyterian Hospital, Chicago), to Leonard F. Weber, M.D., January 9.

Nina R. Raub (class of 1917, Presbyterian Hospital, Philadelphia), to John W. Hill, November 16, in Manila, P. I. At home, Louisville, Ky.

Margaret Reichwine (class of 1921, Illinois Training School, Chicago), to Nicholas Stam, M.D., December 20. At home, Mason City, Iowa.

Maren Riddell (Murray Hospital, Butte, Mont.), to Arthur C. Koerner, February 6. At home, St. Paul, Minn.

Jennie Clark Robertson (class of 1911, St. Lukes' Hospital, Cedar Rapids, Ia.), to J. Herschel Moore, January 1. At home, Nashville, Tenn.

Anna M. Schroeder (class of 1917, St. John's Hospital, Red Wing, Minn.), to James D. Young, January 6. At home, Denver, Colo.

Blanche S. Sharp (class of 1914, Framingham Hospital, Framingham, Mass.), to Charles A. Fredrickson, February 17. At home after June 1, Canon City, Colo.

Anne Shaw (class of 1920, Washington University School of Nursing, St. Louis, Mo.), to Joseph Kleiber Wells, February 8. At home, Brownsville, Texas.

Edna Neil Smith (class of 1915, Minor Hospital, Seattle, Wash.), to Arthur Bloom, February 9.

Winifred Upton (class of 1917, Physicians and Surgeons' Hospital, San Antonio, Tex.), to D. W. McCoig, in December. At home, Goldsden, Ala.

Grace Walker (class of 1920, Deaconess Hospital, Buffalo, N. Y.), to James Cameron, January 6.

Ethel A. Walsh (class of 1918, Hackensack Hospital, Hackensack, N. J.), to Ashley M. Thomson, January 20. At home, Hackensack, N. J.

Amy Weeks (Augustana Hospital, Chicago), to Harry Ritchie, in January.

Fannie Wiesman (class of 1918, Wesley Memorial Hospital, Chicago), to Grover Post, in December.

Rachel Elizabeth Yost (class of 1922, Johns Hopkins Hospital, Baltimore), to Alvin Glenwood Athens, M.D., December 12.

DEATHS

Marie C. Bettig (class of 1894, University of Pennsylvania School of Nurses, Philadelphia), of pneumonia, January 24, at Reading, Pa. For five years after graduation, Miss Bettig had charge of various departments at the University of Pennsylvania Hospital, and then did surgical work at the German Hospital. After a period of private duty nursing, she took up tuberculosis nursing, being the first head nurse at Neversink Mountain Sanitarium, and later joining the staff of the White Haven Sanitarium. She later held positions at Eaglesville and Mount Alto but had, of late, done private nursing in Reading. Ten nurses from the State Association attended the funeral services. She was buried in her uniform.

Ella J. Boyle (class of 1907, Allegheny General Hospital, Pittsburgh), at Allegheny General Hospital, February 24, of pneumonia. Miss Boyle took a year preparatory course at State Hospital, Haselton, before entering the Allegheny General Hospital. During the World War she served at Camp Ogelthorpe, Ga., and last year completed a course in Public Health Nursing at the University of Pittsburgh. She had been serving as a Public Health Nurse with the Pittsburgh Public Health Nursing Association since graduation, so efficiently that her death is considered a great loss by the Association and in the localities where she served in the homes and schools. The Katherine Mae Joyce Post, 509, American Legion, of which she was a member, held services at the Isabel Chaytor Nurses' Home, on Sunday afternoon, February 25. Her body was taken to the home of her brother in Mauch Chunk. Burial was at Beaver Meadow.

Kathleen M. Boyle (class of 1919, Providence Hospital, Beaver Falls, Pa.), at her home in Ellwood City, Pa., on June 5. Miss Boyle had done private duty nursing since graduation except for a short time when she held a position at the Ellwood City Hospital. The last winter was spent in Asheville with her mother, in an effort to regain her health. An operation was performed in March. Miss Boyle was beloved by all who knew her and is much mourned by her many friends.

Eleanor H. Brown (class of 1901, Connecticut Training School, New Haven, Conn.), in Forest Hills, Long Island, February 24. Miss Brown's was a charming personality. She will be greatly missed by patients and associates.

Mrs. Walter J. Laurence (Helen Bulorsky, class of 1917, Madison General Hospital, Madison, Wis.), on February 16, at Madison, of acute dilatation of the heart, after an illness of short duration. After graduation, Miss Bulorsky did private nursing until the war, when she joined Unit 22 and went to France, serving at Evacuation Hospital No. 5 at Chateau Thierry, and later in Belgium. She was married in May, 1922. The American Legion Post attended the funeral services, and a group of about twenty-five nurses. Her death is a sad blow to her many friends and fellow nurses.

Wilma Carlton (class of 1904, United Benevolent Association Hospital, Grand Rapids, Mich.), on December 27, at the Scott and White Hospital, Temple, Texas. Miss Carlton grew to young womanhood in Cameron, Texas, and after her graduation returned to the state, becoming superintendent of nurses at the Scott and White Hospital, where she served most efficiently until September, 1922, when she was stricken with the illness which caused her death. Shortly after her illness began she was taken to Rochester, Minn., to the Mayo Brothers' Hospital, but after careful diagnosis they decided they could do her no good and she returned to Temple, where she was under the tender ministration of those whom she had served so long, until the time of her death. Not only was she well known and much beloved by the nurses of Texas, but in other States as well. She was always an active member of the nurses' association, being a charter member of the Texas Graduate Nurses' Association, having served that organization twice as President. She was an enrolled Red Cross Nurse, and a member of the American Nurses' Association. Her professional ideas were always of the very highest type, and her wonderful patience and cheerful disposition rendered her specially qualified for the positions that she filled. The nursing profession has lost one of its most valued members in the loss of this splendid nurse.

Katherine Cochran, M.D., (class of 1898, St. Joseph's Hospital, Chicago), in Chicago, January 25.

Mrs. Mary Burk (Miss Dolan, class of 1911, Mercy Hospital, Cedar Rapids, Iowa), on March 5, at the home of her parents, Prairieburg, Ia.

Ida Leona Erickson (graduate of St. Mary's Hospital, Green Bay, Wis.), on January 21, in a private sanatorium, Detroit, after an illness dating from April, 1919, when she was invalided home from France. At the time the United States entered the war, Miss Erickson was a private duty nurse in her home town, Marquette, Mich. On July 15, 1918, she enlisted in the U. S. Army Nurse Corps. After one month stay at Camp Custer, she sailed for France, her first assignment being at Base Hospital No. 2. Later she was assigned to Base Hospital No. 10, and was transferred to a third hospital where she was chief surgical nurse. She contracted pneumonia and was sent to Southern France but returned to duty as soon as she had recuperated. On April 19, 1919, she was forced to give up her work. Landing in New York in June she was taken to Ft. Sheridan and later sent to Denver, Colorado, where she remained until July 23, 1920, when she returned to Marquette. On February 22, 1922 she went to the Private Sanatorium in Detroit where she died of tuberculosis and heart complications. Miss Erickson was the only nurse from Marquette who served overseas. Her pluck and cheerfulness during her long illness were an inspiration to the host of friends who mourn her loss from the ranks. The funeral at St. Paul's Cathedral, Marquette, was attended by a delegation from the Richard Joplin Post, American Legion, of which she was a member; by members of the Legion Auxiliary, and a group of graduate nurses. She was buried with military honors. At the February meeting of the Fourteenth District Nurses' Association, resolutions were drawn up in her memory.

Cora Evans (class of 1899, Buffalo General Hospital, Buffalo, N. Y.), at the Bradford Hospital, Bradford, in February or March of this year. Miss Evans was for five years assistant superintendent of the Jones Memorial Hospital, Jamestown, N. Y., and was later night superintendent at the Bradford Hospital. She had also held a position in Dr. Mann's private hospital, Buffalo. For five years she had been visiting nurse for the Bradford Chapter of the American Red Cross. Her death causes a vacancy not easily filled. Miss Evans had the love and respect of all who know her; she was always ready to minister to the sick and needy, hundreds of whom have been helped by her. Sorrow and regret at her loss were heard from all who learned of her death.

Mrs. Erling Hansen (Ella Gaustad, class of 1913, St. John's Hospital, Red Wing, Minn.), on March 2, in Minneapolis. Before her marriage, in 1920, to Dr. Hansen, Miss Gaustad affiliated at the University of Minnesota, School of Nursing, and in September, 1913, accepted the position of obstetrical nurse, Out-patient Department, University Hospital,—a position which she held for five years. She later was supervising nurse in the University Dispensary. Her unusual ability as a nurse together with an untiring devotion to duty and a self-sacrificing spirit, made her at once a favorite among all with whom she worked. Patients respected and loved her and were benefited not alone by the excellent nursing care she gave, but by lessons in health and happiness taught in her simple earnest way. At the beginning of the World War she was enrolled in the Red Cross Nursing Service. Being of foreign birth, she was not permitted to serve overseas, but was most actively engaged in war work at home. During the influenza epidemic she volunteered her service at the Overland Building, Midway, an emergency Army Hospital. There she spent all her time while off duty from her own work at the University Dispensary, and often worked late into the night. Complications resulting from overwork at this time hastened her untimely death. Many doctors and nurses from the University of Minnesota attended the funeral at the Bethlehem Lutheran Church.

Mrs. Charles Pavitt (Sophia Goodman, class of 1901, Jewish Hospital, Philadelphia), recently, in Shenandoah, Pa. Mrs. Pavitt is mourned as a faithful member, for although she did not attend the meetings, she never forgot the Alumnae.

Catherine T. Guiton (class of 1912, St. Raphael's Training School, New Haven, Conn.), on February 8, after a short illness. For the past seven years Miss Guiton had been night supervisor of St. Raphael's Hospital; previous to this she did private duty nursing. She was a member of the first graduating class of her hospital. Her kind and even disposition won for her many friends by whom she was held in high esteem. Her passing away has deeply grieved her alumnae associates and many friends and relatives.

Gladys Laverne Hall (class of 1920, Presbyterian Hospital, Chicago), on January 12.

Mrs. Emil Steinfeldt (Mary Harney, class of 1907, St. Joseph's Hospital, Chicago), at Maywood, Ill., January 26.

Mabel Kirkpatrick (class of 1913, Jennie Edmundson Memorial Hospital, Council Bluffs, Ia.), on February 27, of cancer of the liver. Miss Kirkpatrick was superintendent of a hospital in Petaluma, Calif., for one year. She had been sick in a hospital in California but was removed to her brother's home in Denver, where she died.

Mary Viola Langfitt (class of 1913, Allegheny General Hospital, Pittsburgh, Pa.), at Allegheny General Hospital, February 19, of pneumonia. Miss Langfitt had been doing night duty at the hospital for a number of years and had been enjoying perfect health until stricken. Services were held in Pittsburgh and at her home, Taylorsville. Burial was at Claysville, Pa.

Anna C. McClure (class of 1901, Woman's Hospital of Philadelphia), on February 18, at the Chester County Hospital, West Chester, where she had been taken from her home in Glenmore on the 4th. Miss McClure had been ill since early in January. Her friends are glad to know that she suffered but little during her illness. Her life was well spent, giving of her best to her patients. A member of a family with whom she had spent years, writes of her: "In the passing of Anna C. McClure the profession has lost one of its best representatives. She was not only a nurse of exceptional ability but her steadfast Christian character and loyalty endeared her to all about her. She became in the highest sense companion and friend and her influence will ever be an inspiration. It gives us, as a family, great pleasure to add a personal tribute to her worth and to express our appreciation of her dependability, efficiency and helpfulness during the many years of her connection with us and to record our deep sense of loss in the passing from our lives of one whose memory we shall ever cherish."

Katharine M. Nilan (class of 1905, Samaritan Hospital, Philadelphia), on February 4, at the Fitzsimons General Hospital, Denver, Colo. Miss Nilan did private duty nursing in Houston, Texas for eight years, taking several postgraduate courses to prepare herself for wider usefulness. She was engaged in social service work in Houston, Texas; Anti-Tuberculosis League, Montgomery, Alabama, for three years; Gulf Division A.R.C., New Orleans, La., one year; Northern Division A.R.C., Minneapolis, Minn. She was an overseas nurse in the Army service and was honorably discharged from active service on February 20, 1919. She then engaged in Social Service and Home Hygiene work in Texas, Dakota, and Alabama. She was taken seriously ill in September, 1919, and was sent to Ft. Bayard, New Mexico, where she began a hard struggle for life. She was transferred to Fitzsimons Hospital, Denver, and for a time seemed to improve quite rapidly, but for a few weeks previous to her death she was desperately ill with tuberculosis complicated by a serious kidney condition. Miss Nilan was a bright, active, enthusiastic nurse, of a very pleasing personality, and made friends wherever she went. Throughout her illness, she maintained a cheerful and determined effort to recover and continue her chosen work, and never seemed to lose hope. She was an earnest, practical Christian worker who lived her life with and for the people. The nursing profession has lost a valuable woman. The tributes paid to her memory by her associates of her training days, by her co-workers in the various positions held, the nurses who cared for her during her illness, and by her sister nurses, themselves victims of the dreaded disease, are worth remembering; her memory is to be revered and is one worth emulating. Burial was at the National Cemetery, Germantown, Philadelphia. Miss Nilan was the first and only woman to be buried there.

BOOK REVIEWS

Obstetrics for Nurses. By Joseph B. DeLee, M.D. 525 pages, with 245 illustrations. W. B. Saunders Company, Philadelphia. Price, $3.

This book has been the guide to the knowledge of obstetrical nursing for so many of the women of our profession that there is little need of introduction. This sixth edition has some new illustrations which are very interesting and valuable; teachers and students will gain much definite understanding of the subject from studying them together.

Unfortunately the lack of concise statement and the scattering of items on a given subject in various chapters, which have always made the book a difficult one for a student beginning obstetrics, are in evidence in this edition also.

It is to be questioned whether a nurse should be expected to make rectal examinations or try to determine the advance of the presenting part by pressure on the perineum, as this means of judging is likely to distract her attention from symptoms she might observe without the slightest danger of criticism, and the knowledge gained by such examinations seems disproportionate to the possible danger of contamination.

The lists of articles needed for the mother and baby under various conditions are practical and will be of value in refreshing the nurse's memory, although much of the detail is covered in the classes in major and minor surgery, so it is a repetition here.

An excellent chapter has been added on the obstetric practice for visiting nurses, and it is written with understanding of their opportunities and responsibilities.

The whole book is pervaded by a spirit of generous appreciation of good nursing and of the necessity for intelligent coöperation between the physician and the nurse. We are much indebted to Dr. DeLee for the careful instruction this book gives. His ideals for the care of mothers and babies are high and it is to be hoped that he will be successful in interesting nurses in this work on which the health and happiness of the homes so largely depend. This book will help nurses to appreciate the social and humanitarian aspects of this specialty and it should be in every school for reference and study.

Martha M. Russell, R.N.
New York

The Life of Clara Barton. By William E. Barton. Two volumes, 350 pages each. Houghton Mifflin Company, Boston, Mass. Price $10.

The Life of Clara Barton is not a book to be taken up for an hour's reading. From the first to the last page (and there are many, many pages) the interest is sustained and it would be difficult to imagine any reader not becoming absorbed in the recital, simply told, of a woman's accomplishments in the face of apparently unsurmountable obstacles and what at first appeared impossible opposition. Clara Barton never swerved in a determination to attain her ends,—the aim to succor and relieve suffering humanity in war. The accounts of her personal service to the wounded and dying, through the hideous scenes of carnage in three wars, would make this

history worth while without even touching on the great undertaking of her life, i. e., persuading the American Government to ratify the Geneva Conference of the Red Cross.

The recent World War with its heart-rending details of magnificent self-sacrificing devotion to the wounded has not blotted out one line of a page of what Clara Barton endured in her self-urged sacrifice. When she began her ministrations to the wounded she undertook many things which had never been considered possible or desirable for any woman. The necessary red tape in the care of the wounded and sick in war time, she either untangled or "got away with," in a fashion scarcely conceivable.

Although not considered a woman of physical strength, she accomplished untold feats of endurance, and although at times, toward the end of her career, she was obliged to give up to physical exhaustion, nothing interfered with her one aim and endeavor. Again and again she was decorated for her services. What she accomplished in the Franco-Prussian War was sufficient to have made her famous, but it was her work for her own country, through the Civil War and the Spanish-American War, that helped her attain her great ambition.

The ratification of the American Red Cross, eighteen years after the Geneva Conference, the starting of the Red Cross, was due to her single-handed efforts. In later years the tremendous detail and consequent financial responsibility proved, perhaps, too great a task for one who had always been accustomed to act for herself regardless of what is so necessary in all vast undertakings,—concerted action and the careful development of all the important business details. These she did not accept willingly; the Red Cross did not progress; and it became necessary to take from her the supreme control.

Accustomed as she was to doing everything herself, she resented having others take up and carry on, by the hundreds, what she as one human being could not accomplish. In fact, she could not and did not coöperate or recognize, until too late, the value of the trained personnel which stood ready to carry the great work she had established.

Professional trained nursing did not receive from her proper recognition and she was apparently blind to the merits of scientific work. Consequently she was not willing that women prominent in the nursing profession who volunteered their services should be allowed their opportunity.

But no one can read the history of her life without deep admiration of her single-minded purpose, her self sacrifice, and glorious achievements.

ANNA C. MAXWELL, R.N., M.A.
New York

MODERN METHODS IN NURSING. By Georgiana J. Sanders. Third edition. W. B. Saunders Company, Philadelphia. Price, $3.

The principal changes in the revised edition of this well known text on nursing are the omission of the introductory chapter, the revision of the chapter on Bacteriology and the inclusion of a description of the Carrel-Dakin Technic of wound sterilization.

The author states in the preface to the third edition that State Boards of Examiners for the registration of nurses now publish lists of accredited schools and, therefore, a discussion of training

school standards is no longer pertinent as an introduction to such a work. An omission of a rather critical paragraph at the end of Chapter 20 would further indicate that the author finds herself more in sympathy than formerly, with present tendencies in nursing education.

The chapters on Bacteriology constitute a rather complete text on this subject, in condensed form, and might be so used in conjunction with one or more of the more exhaustive reference books. In the latest edition there are several new pages on the identification of the common pathogenic bacteria.

The illustrations of this text have always made it a useful one for class room instruction. The face of the probationer who is trying to memorize the "articles needed" for mouth toilet, a bed shampoo, or a poultice, lights up with relief when she sees a picture of a nurse doing one of these procedures with the articles all at hand,—and displayed in such a way that they are readily visualized by the novice.

MABEL F. HUNTLY, R.N., B.S.,
Philadelphia

HISTORY OF AMERICAN RED CROSS NURSING (Official). By Lavinia L. Dock, R.N.; Sarah Elizabeth Pickett, B.A.; Clara D. Noyes, R.N.; Fannie F. Clement, B.A., R.N.; Elizabeth G. Fox, B.A., R.N., and Anna R. Van Meter, B.A., M.S. The Macmillan Company, New York. Price $5.

It is manifestly impossible in the space permitted to do more than touch upon a few high lights of all that lies within a book of 1,500 pages, even although going through these pages, each development, each event, each participant, clamors for mention.

The list of names on the title page gives assurance of the care with which the sections have been compiled. We know that the entire book has been through the acid test of submission to all possible authorities for criticism and checking up, in the four years devoted to its compilation. It is not, of course, humanly possible that all those readers who have themselves been part of the events and struggles this history records will be entirely satisfied with proportion, perspective and conclusions. Matters controversial there are. But these have been dealt with with fairness and dignity, and in no way detract from the remarkable and admirably balanced picture. The whole book presents and preserves for us a picture of fine achievements carried through with a spirit, a thoroughness, a quiet acceptance of each task as a job to be done, that justifies the thrill of pride with which we read this so human, so vivid and so restrained record.

The first chapters written with the sprightly charm and insight into the heart of things that characterises Miss Dock, weaves into a harmonious whole the intricacies of the beginnings in this country of all Red Cross services. Home disasters of flood and fire first showed to the country the temper of the young organization. The tragedies of the Spanish-American War led up to the Army Reorganization Act of 1900-1901, and to the establishment of the Army Nurse Corps with a nurse appointed by Doctor Anita Newcomb McGee to succeed her as head of the new service,—a hard-won, but in the end generously accorded, official recognition of the proven value and necessity of the "female nurse."

The pages of these early records are full of the names of the splendid pioneers of our profession for whom nothing was too difficult to attempt and whom nothing daunted. With them stand the equally famous names of the women and men of other professions and callings who stood valiently by and gave generously of help and counsel.

All these events and developments lead logically to the reorganization of the Red Cross and the recognition by Mabel E. Boardman and by nurses themselves that a strong nursing service must be one of its most important activities. It is natural that the chapters dealing with the stirring events of the World War will be those to which attention will most eagerly be turned, but there is nothing in printed form of which we know that will better present to young nurses a justification for the faith that is in them than the earlier chapters of this History, depicting vividly the persistent labors and struggles, the wholehearted devotion, as well as the inevitable mistakes and arrogances of a new profession. We wish these chapters could be "required reading" for student nurses.

The events which led to Miss Delano's appointment and her influence on the rapidly moving events which followed, give us an intimate portrait of the woman of whose service an Army medical officer wrote, after her death: "She gave her life freely and unreservedly to a noble service. She accomplished that which she undertook. She died at the height of her powers, at work. She was a fine figure, the figure of an American nurse."

From this beginning of an active Red Cross Nursing Service in 1910 under Miss Delano's firm hand and with the unstinted help of her contemporaries, a carefully nurtured purpose is apparent running like a steel thread through all the years of preparedness to the bitter unknown days ahead when patiently perfected plans would be put to a test infinitely more searching than the boldest imagination could have portrayed.

The larger part of the book is devoted to the part played by American nurses in the World War. From the sailing of the Mercy ship in 1914 to the tense months following the entrance of this country into the war, the narrative, as told by Miss Pickett, is an absorbing and most moving human document. Not only the anguish of the struggle in Europe, but the heavy, anxious work of the camps and cantonment zones and of the other groups whose duty it was to stay at home, are here given in rapidly moving pictures that "carry alive into the heart" once more the heroism, the fortitude, and the selfless and disciplined devotion of those never-to-be-forgotten days. The terse and colorful sketches, the letters and messages of the nurses themselves—many of which, we remember, appeared in the *Journal*—have an extraordinary and poignant appeal.

The difficulties and anxieties, the clashes of opinion and of personality inevitable in so vast and complex an undertaking, are put fairly before the reader, but nothing can lessen the sense of a great task nobly carried on by all who shared it.

The admirably constructed account of the nursing service given to the civilian population of the Allies preserves a series of accomplishments and their

far-reaching results which must remain, for all Americans, a proud memorial of well constructed humanitarian work amongst the ruin of many hopes and efforts. Miss Noyes completes this story in a chapter on Participation in International Nursing Education; and the interesting development of rural and public health nursing service as fostered by the Red Cross is presented by Miss Dock, Fannie F. Clement, and Elizabeth G. Fox.

The final chapter, with pleasant touches of humor, gives an account of the indispensable Dietitian Service. The whole volume, indeed, redeems its bulk by flashes of irresistable gaiety, delightful vignettes, and little intimate portraits and characterizations that will live and breathe long after this generation has passed on. We have no room left to dwell on the excellencies of the make-up of the book, the well selected illustrations, or the appendices which give in admirably succinct form the organized services of the Red Cross with the Army and Navy, and those under its direct control. Here also, is forever recorded, with the simplicity of greatness, the Roll of Honor of Red Cross nurses.

> War's annals will cloud into night
> Ere their story die.

It goes without saying that every training school will give this volume an honored place on its library shelves. We believe that the good-sized group known as the "general public" will also have, through this book, an opportunity they will not miss to know at last not only the achievements in the past of a highly trained, efficient, and useful body of citizens, but to be aroused through the vivid and intensely human interest of its pages, to the fact that the trained nurse, given the education and opportunities which rightly belong to her, is a vital agent in all our national life, in war, and in peace.

A. M. Carr, R.N.,
New York.

THE STERLING-LEHLBACH BILL

The passing of the Sterling-Lehlbach Reclassification Bill, which has been under consideration for the past two years, was one of the final acts of the 68th Congress. The Bill has been passed and has been signed by the President, with one or two drastic changes from the original bill as far as nurses are concerned.

In the original bill nurses were listed in the professional class, after a good deal of effort to have them placed in that classification. In the bill as passed, no specific mention is made of any profession.

In the original bill, the head of each department—the person who understands all of his various units and sections—was the allocating agency and the Civil Service Commission was designated as the classifying agency. In the act as it passed, the allocating agency is composed of a Personnel Board of three members, of which Board the Chairman of the Bureau of the Budget is chairman, with one member from the Bureau of Efficiency and one member from the Civil Service Commission. This Board is placed in charge of the administration of the bill, the allocation of personnel to the various grades and classes and is given authority to from time to time designate additional classes * * or to combine, divide, alter or abolish existing classes.

One other change which has been made which is really a return to the original Lehlbach Bill as it passed the House of Representatives, is the postponing of the effect of this law until July 1, 1924, when it takes effect both in the departmental service and in the field. Many people affected by the bill, and particularly nurses, feel grave apprehension in regard to its proper and fair administration, since the Bureau of Efficiency in the past has not shown itself to be a friend or even a fair opponent of nurses. The bill is a good bill if fairly and justly administered. Its whole effect will be in its administration and it rests largely with those affected by the bill to insist upon fair administration.

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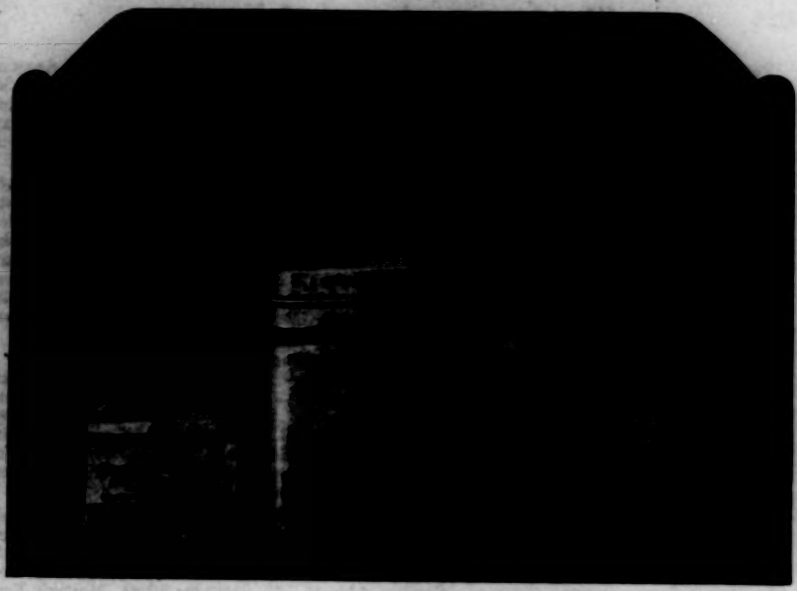

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